

COVID-19 Audit #2

To be completed as assigned by a Manager

Location address: _____

Date: _____

Audit completed by: _____
Name

1. Where are all of the staff resources regarding COVID located? _____

2. PPE Inventory count:

Item	QTY	Item	QTY
a. Gloves		e. Safety Glasses	
b. Gowns		f. Face Shields	
c. Masks - Medical Procedure		g. Disinfectant (Spray or wipes)	
d. Goggles		h. Alcohol based hand sanitizer	

3. What is the expiry date on the disinfectant? _____

4. What is the expiry date on the hand sanitizer:

Manager follow up:

<p>_____</p> <p><i>Manager signature</i></p>	<p>_____</p> <p><i>Date</i></p>
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Form Approved by:

Date: