

GLOVE AUDIT FORM

DATE OF OBSERVATION: _____
 CUSTOMER: _____
 CONTACT: _____
 LOCATION: _____

TIME OF OBSERVATION: _____
 AREA OBSERVED: _____
 NUMBER OF WORKERS OBSERVED: _____
 OBSERVER: _____

TYPE AND MATERIAL OF GLOVE(S) USED: _____
 BRAND: _____ MANUFACTURER: _____

DIRECTIONS

- For each item, answer yes or no, and estimate the frequency of compliance. If you do not observe the behavior, the item is not applicable (N/A), or it is not observed (NOB), then place a mark in those columns. Consider having various staff members also complete this form periodically and compare the results of your observations.
- Example: Workers in the salad preparation area were observed. Gloves were observed being used when handling ready-to-eat food for only an estimated 25% of the time that they should have been worn. Under the first item of "When to Wear Gloves", a mark should be made in the "YES" column under 25%.

| BEHAVIOR | YES | | | | NO | N/A | NOB |
|---|-----|-----|-----|------|----|-----|-----|
| | 25% | 50% | 75% | 100% | | | |
| GLOVE AVAILABILITY | | | | | | | |
| A variety of glove sizes are available to fit employees | | | | | | | |
| The proper types of gloves are available for specific uses | | | | | | | |
| Gloves are located conveniently where they are needed for use | | | | | | | |
| WHEN TO WEAR GLOVES | | | | | | | |
| Gloves are worn when handling ready-to-eat foods | | | | | | | |
| Gloves are changed between tasks or activity | | | | | | | |
| New gloves are donned when returning to work station(s) | | | | | | | |
| Gloves are worn over bandages | | | | | | | |
| Gloves are changed at least once every four (4) hours | | | | | | | |
| HOW TO WEAR GLOVES | | | | | | | |
| Hands are washed properly before putting on gloves | | | | | | | |
| Only one glove at a time is removed from dispenser(s) | | | | | | | |
| Gloves are handled only at the cuff | | | | | | | |
| Contaminated gloves are removed from hands properly | | | | | | | |

ADDITIONAL NOTES:

FOLLOW UP INFORMATION:
