

# Rounding Tool: Precautions/PPE Audit

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Location/ Room #	Precaution Type	Correct precaution sign(s) are in place		All required PPE supplies are immediately available		Staff are wearing all required PPE per precaution type		Staff don PPE in proper sequence/method		Staff doff PPE in proper sequence/method		Comments
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
Totals:												
Total # Opportunities (Yes + No):												
Compliance % (Total # Yes/Total # Opportunities) x100:												