

Observer: _____

Patient Room Black Light Tracking

Date: _____

Room Number	EVS Professional	Isolation	High Touch Surfaces							
			Room Door Handle (Ext)	Room Door Handle (Int)	Room Light Switch	Sink Faucet	Patient Chair Arm	Chair Handle	Keyboard	
			Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
			Telephone	Remote	Call Light	Bed Positioning (Up/Down)	Bed Positioning #2	Bed Rail	Bedside Table	
			Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
			Bathroom Door Handle (Int)	Bathroom Door Handle (Ext)	Bathroom Light Switch	Bathroom Sink Faucet	Toilet Handle	Toilet Seat	Toilet Chin	
			Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	

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			Telephone	Remote	Call Light	Bed Positioning (Up/Down)	Bed Positioning #2	Bed Rail	Bedside Table	
			Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
			Bathroom Door Handle (Int)	Bathroom Door Handle (Ext)	Bathroom Light Switch	Bathroom Sink Faucet	Toilet Handle	Toilet Seat	Toilet Chin	
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