

# Handwashing Procedures Compliance Checklist

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## Preparation & Supplies

Ensures necessary supplies are readily available and the handwashing area is clean and functional.

### Quantity of Soap Available (Units)

### Quantity of Paper Towels Available (Rolls/Sheets)



### Type of Soap Provided (Liquid/Bar/Foam)

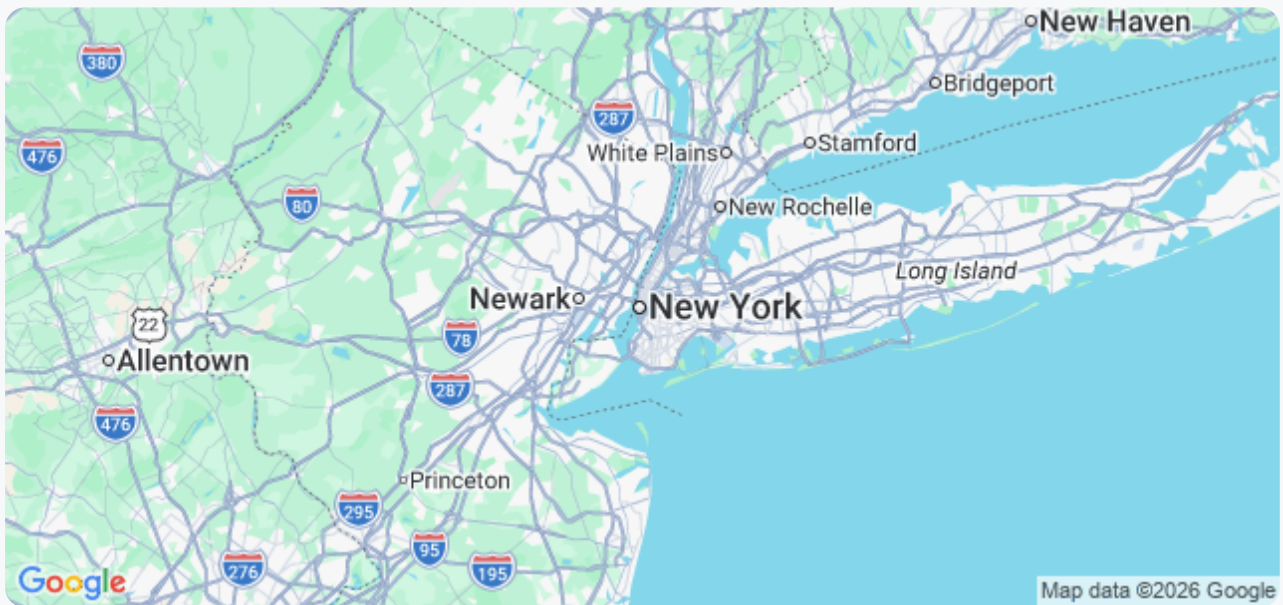
- Liquid
- Bar
- Foam

### Type of Hand Dryer (if applicable) (Push-button/Automatic)

- Push-button
- Automatic
- None

### Location of Handwashing Sinks

 [Set My Current Location](#)



**Are disposable gloves available?**

Write something...

**Number of functional handwashing sinks available**

Enter a number...

## **Water Temperature & Pressure**

Verifies proper water temperature and pressure for effective handwashing.

**Water Temperature (Hot Setting):**

Enter a number...

**Water Temperature (Cold Setting - if adjustable):**

Enter a number...

**Measured Water Temperature (Actual):**

Enter a number...

### Water Pressure:

- Adequate
- Too Low
- Too High

### Water Temperature Consistent?

- Yes
- No

### Notes on Water Temperature/Pressure Issues (if any):

Write something...

## Soap Availability & Type

Confirms adequate supply of appropriate soap (liquid or bar) and its correct placement.

### Number of Soap Dispensers Available

Enter a number...

### Type of Soap Provided (Choose one)

- Liquid Soap
- Bar Soap
- Antibacterial Liquid Soap
- Foam Soap

### Soap Quality Assessment (Appearance)

- Clean and Uncontaminated
- Some Sediment/Debris
- Cloudy/Discolored
- Dirty/Contaminated

### Estimated Soap Level in Dispensers (Percentage)

### Is Refill Station Accessible?

- Yes
- No
- N/A

## Handwashing Technique

Evaluates staff adherence to the correct handwashing technique (wetting, lathering, scrubbing, rinsing, drying).

### Water Temperature (in °F)

**Wet Time (seconds)**

Enter a number...

**Lathering Time (seconds)**

Enter a number...

**Scrubbing Time (seconds)**

Enter a number...

**Rinsing Time (seconds)**

Enter a number...

**Drying Time (seconds)**

Enter a number...

### Hand Positioning During Scrubbing

- All surfaces scrubbed
- Only palms scrubbed
- Only backs of hands scrubbed
- Not observed

### Did the employee lather soap thoroughly?

- Yes
- No
- Not Observed

## Drying Method

Checks for appropriate drying methods (paper towels, hand dryers) and their hygienic use.

### What type of drying method is primarily used?

- Paper Towels
- Electric Hand Dryer
- Other (Specify in LONG\_TEXT)

**If 'Other' was selected, please specify the drying method:**

Write something...

**Are paper towels readily available?**

- Yes
- No

**How many paper towel dispensers are present and stocked?**

Enter a number...

**Are paper towels disposed of properly (in a covered waste container)?**

- Yes
- No

**If hand dryers are used, are they clean and functioning correctly?**

- Yes
- No
- N/A - No Hand Dryers Used

# Frequency & Timing

Assesses adherence to handwashing frequency guidelines (before/after specific tasks).

**How many times did staff wash hands in the last hour?**

Enter a number...

**Which of the following tasks require handwashing before?**

- Handling food
- Handling money
- Contacting guests
- Cleaning tables
- Using the restroom

**Time of last observed handwashing for [Employee Name/Position]**

Enter time...

**After which of these activities should handwashing occur?**

- Touching face
- Handling garbage
- Using the restroom
- Contact with potentially contaminated surfaces

**According to protocol, how often should staff wash hands?**

- Every 15 minutes
- Every 30 minutes
- Every hour
- As needed

## **Personal Protective Equipment (PPE)**

Checks the use of gloves when appropriate (e.g., handling raw food).

**Are disposable gloves readily available near food preparation areas?**

- Yes
- No
- N/A

**Are staff trained on proper glove donning and doffing procedures?**

- Yes
- No
- Training records unavailable

**For what tasks are gloves required (check all that apply)?**

- Handling raw meat/poultry
- Handling ready-to-eat foods
- Cleaning duties involving chemicals
- Dealing with potentially contaminated surfaces
- None - No gloves required

**Describe any observed deviations from proper glove use or training. (If applicable)**

Write something...

**How many boxes of gloves are currently in stock?**

Enter a number...

# Training & Awareness

Evaluates staff knowledge of handwashing procedures and related training records.

**Has all staff received handwashing procedure training?**

- Yes
- No
- Not Applicable

**Date of most recent handwashing training for all staff:**

Enter date...


**Number of staff trained on handwashing procedures:**

Enter a number...

**Brief description of handwashing training content covered:**

Write something...

**Upload copy of training records (if available):**

 Upload File

**Is handwashing signage visible in relevant areas?**

Yes

No

Partially Visible

**Any observed gaps in staff knowledge regarding handwashing procedures:**

Write something...