

SAMPLE PROCESS SURVEILLANCE SCHEDULE

January	February	March
<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> PPE donn/doff <input type="checkbox"/> Injection Safety & Point of Care Blood Testing	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Environmental Cleaning and Disinfection <input type="checkbox"/> Wound Care	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Equipment Cleaning and Disinfection <input type="checkbox"/> EOC <input type="checkbox"/> TBP
April	May	June
<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Indwelling Urinary Catheter Maintenance <input type="checkbox"/> Water Exposure	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Environmental Cleaning and Disinfection <input type="checkbox"/> Laundry	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Equipment Cleaning and Disinfection <input type="checkbox"/> Central Line Maintenance
July	August	September
<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Injection Safety & Point of Care Blood Testing	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Environmental Cleaning and Disinfection <input type="checkbox"/> Wound Care	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Equipment Cleaning and Disinfection <input type="checkbox"/> EOC <input type="checkbox"/> TBP
October	November	December
<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> PPE donn/doff <input type="checkbox"/> Indwelling Urinary Catheter Maintenance	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Environmental Cleaning and Disinfection <input type="checkbox"/> Water Exposure	<input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Equipment Cleaning and Disinfection <input type="checkbox"/> Central Line Maintenance

The frequency provided is only a suggestion as it will vary depending on previous audit outcomes. The facility can use its own audit form, adopt other forms available on the web or use the [Centers for Disease Control and Prevention \(DC\) Observation Forms](#).