GLOVE AUDIT FORM

DATE OF OBSERVATION TIME OF OBSERVATION CONTACT LOCATION	AREA OBSERVED NUMBER OF WORKERS OBSERVED OBSERVER
	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.							
Latex free gloves are available.							
WHEN TO WEAR GLOVES							
Gloves are worn when handling ready-to-eat foods							
Gloves are changed between tasks or activities							
New gloves are donned when returning to work station(s)							
Gloves or finger cots 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:		1				1	

FOLLOW-UP INFORMATION:

