

Personal Protective Equipment (PPE) Specific to Source Control/Facemasks (Visitors and Vendors)

Name of Facility: _____

Observed by: _____ Date: _____

Initials of Visitor and/or Room Number Observed: _____

Circle one: Pass Fail

PPE (Source Control)	Yes	No	Comments
1. Signage and/or education is provided to all visitors, vendors, and any individual entering the facility explaining the importance of wearing face coverings while in the facility.			
2. Facemasks are readily available and provided as source control for visitors, vendors, and any individual upon entering the facility.			
3. Visitor or vendor applied (or is wearing) the appropriate face covering correctly; while complying with the facility's or state regulatory facemask requirements before proceeding to the resident's common living space.			
4. Visitor or vendor is wearing a face covering correctly (covering mouth and nose) while in the facility including while in the following areas: resident's room, communal areas, hallways, dining room, etc.			

If failed, explain the remediation completed or the follow up plan.