



Personal Protective Equipment (PPE) Direct Observation Checklist

Name of Facility: _____ Date: _____

Staff Member: _____ Title: _____

Observed by: _____

Donning	Yes	No	Comments
Performed hand hygiene.			
Tied gowns and fastened at the neck and waist.			
Selected the appropriate mask or respirator.			
Applied mask appropriately.			
Selected eye protection (if appropriate).			
Applied gloves to cover cuffs.			
Doffing	Yes	No	Comments
Used proper glove in glove technique for removal.			
Performed hand hygiene.			
Removed face shield or goggles without touching face.			
Removed gown using appropriate rolling technique.			
Took care not to have inside of gown touch clothing.			
Performed hand hygiene.			

Observation	Yes	No	Comments
Took care not to touch unprotected areas of body or clothing.			
Did not adjust mask or clothing.			

If failed explain the remediation completed or follow-up plan: