INFECTION CONTROL VIOLATION REPORT

What to do when a violation is observed:

- Discreetly inform the person performing the violation and take corrective action.
- Fill out this form
- After the dental visit- discuss the violation with the individual.
- Provide copies of the completed form to the individual who performed the violation, the Managing Partner or Program Director
- Drop a copy off to Ms. Jennifer Bereckis in room 301.

Date of Incident: ____________________________   Session (circle):   a.m.   p.m.

Individual Being Observed: ________________________________________________________

Location: _____________________________ Other: _____________________________

ROOM   UNIT #

Procedure Performed: ___________________________________________________________

Description of Incident: __________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Remedial Action Taken: _________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Person Filing Report: ____________________________________________________________

NAME

DEPARTMENT     POSITION

Signature of Person Filing Report: ______________________________ Date: ______________

6/13/13