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|  | **EL HİJYENİ UYUMU VERİ TOPLAMA FORMU** | | |  |
| **KODU: Gİ.GB.EN.FR 03** | **YAYIN TARİHİ: 02.01.2017** | **REVİZYON NO: 00** | **REVİZYON TARİHİ: - -** | **SAYFA NO: 1/1** |

**SERVİS :…………………………… AY / YIL :……………………................**

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| **ÜNVAN** | | **HASTA İLE TEMAS ÖNCESİ** | | | **ASEPTİK İŞLEMLER ÖNCESİ** | | | **VÜCUT SIVILARININ BULAŞMA RİSKİ SONRASI** | | | **HASTA İLE TEMAS SONRASI** | | | **HASTA ÇEVRESİ İLE TEMAS SONRASI** | | |
| **FIRSAT\*** | **YIKAMA\*** | **OVMA\*** | **FIRSAT** | **YIKAMA** | **OVMA** | **FIRSAT** | **YIKAMA** | **OVMA** | **FIRSAT** | **YIKAMA** | **OVMA** | **FIRSAT** | **YIKAMA** | **OVMA** |
| **DOKTOR** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **EBE/HEMŞİRE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SAĞ.TEK.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TEMİZLİK PER.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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