|  |  |  |  |
| --- | --- | --- | --- |
| **LOCATION** | **STAFF MEMBER ASSIGNED** | **LOCATION** | **STAFF MEMBER ASSIGNED** |
| **IR** |  | **3 T** |  |
| **X-RAY** |  | **4 T** |  |
| **GI** |  | **4 Hob** |  |
| **ED** |  | **4 Pickens** |  |
| **ED CT** |  | **5 Pickens** |  |
| **2J** |  | **6 Pickens** |  |
| **3J** |  | **7 Pickens** |  |
| **6J** |  | **Wound Care Barnett208** |  |
| **7J** |  | **OT/PT: Truett Basement** |  |
| **NICU** |  | **Nurse Admin** **Truett 145** |  |
| **L&D** |  | **SPD/SCS** |  |
| **PACU** |  | **Sammons MFLCC/ Dental Clinic** |  |
| **ROR**  |  |  |  |
| **TOR** |  |  |  |
| **4 R** |  |  |  |
| **7 R** |  |  |  |
| **8 R** |  |  |  |
| **9 R** |  |  |  |
| **10 R** |  |  |  |
| **11 R** |  |  |  |
| **12 R** |  |  |  |
| **13 R** |  |  |  |
| **14 R** |  |  |  |
| **15 R** |  |  |  |
| **16 R** |  |  |  |
| **IV Services** |  |  |  |
| **Hemodialysis** |  |  |  |
| **2 Y-wing**  |  |  |  |
|  **3 Y-wing** |  |  |  |
| **4 Y-wing** |  |  |  |
| **Respiratory** |  |  |  |

**NOTES:**

**Date of VHP Cycle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Mask Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Staff Member Name** | **Issue with Mask (only write down issues; leave blank if mask passes integrity check)** |
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**Notes:**