

Record Form		
Daily Inspection on Personal Hygiene		
Form No.: Form-XX1	Revision No.: 001	Effective Date DD-MMM-YYYY

Month of inspection **MM-YYYY**

No.	Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	X	Y	Z	30	31	NC Found	CAPA			
001	XXX	I	I	A	I	I	I	F	I	I	I	I	I	I	I	I	I	I	I	I	H	I	I	A,F,H	YYY			

Inspection on:
 A. Gowning B. Hair restraints C. Footwear D. Gloves E. Fingernails F. Jewelry G. Lesions H. Illness
 I. Every aspects conformed

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Personal Hygiene Inspection follow-up:

No	Classification of NC	NC	ACTION By (DEPT / UNIT) AND PROPOSED COMPLETION DATE	ROOT CAUSE, Proposed CAPA	Status	Final verification (INDICATE COMPLETION DATE)
001	A	Cleanliness of gowning				
001	F	Long fingernails				
001	H	Symtoms of seasonal cold				

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REVISION HISTORY

Rev No:	Document Change Number:	Author	Effective Date	Remarks of Revision
001	XXX	YYY	DD-MMM-YYYY	New Document.

APPROVAL

Date Implemented: By:

Date Reviewed: By:

Date Revised: By: