

Personal Protective Equipment (PPE) Inventory Tool

Date Observed: _____ Observer: _____ Shift Observed: 1 2 3

Adequate Levels of PPE Maintained		
Process Measures	Observation	Comment
On each shift a HCW is assigned to inventory and restock PPE cart/caddy/cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplies are inventoried and restocked at end of each shift and as needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplies are located on each nursing unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplies are located in ancillary care areas such as physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supply cart, caddy, or storage cabinet prominently labeled "PPE Supplies"	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HCWs know location of supply cart/caddy/cabinet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Extra supplies are easily obtained from store room on all shifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Storage cart/caddy/cabinet contains *only* the following supplies

Supply	Par level (established by facility)	Observation
Gloves (small, medium, large):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gowns (moisture repelling)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gowns/aprons; may be plastic aprons or cloth gowns		<input type="checkbox"/> Yes <input type="checkbox"/> No
Masks (surgical or procedure)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Goggles or face shield		<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood/body fluid spill containment kit		<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol-based hand hygiene refill dispensers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental hygiene disinfectant wipes		<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: N-95 or higher level respiratory protection should be immediately available in storeroom in the event of a pandemic influenza outbreak. Consult with local health department.

Data reported to Quality Improvement Committee: Yes No Date: _____

Recommended Actions: