



**SAMPLE INFECTION CONTROL SURVEILLANCE RECORD**

FACILITY \_\_\_\_\_ UNIT \_\_\_\_\_ DATE \_\_\_\_\_ SEND REPORT TO \_\_\_\_\_

**NOTE:** In the event of a GI or RI outbreak, please use surveillance record provided in the specific outbreak management protocol

Resident's Initials	Unit and/or Room #	Site of Infection	Onset of Date	Date If Culture Taken	Result of Culture	Facility Admission > 30 Days Yes / No		Admitted To Hospital Yes / No		Treatment Measures (Antibiotic / antiviral/ other)	Date Resolved	Nurse's Initials