Infection Prevention and Control: Our Commitment, Your Well-being

HOSPITAL BEST PRACTICES
IN INFECTION PREVENTION AND CONTROL AWARDS YEAR IV

ENTRY FORM

Name of the Hospital: _____

Categories (please check): Level 3 [ ] Level 1 [ ]
Level 2 [ ] Other Healthcare Facilities [ ]

Address : _____
_____

Telephone Number : _____ Email address:_____

Member Organization (please check):
[ ] PHA [ ] PHICS [ ] PHAPI [ ] PCHA [ ] AHA

Will join (please check):
[ ] Overall Grand Award
[ ] Special Awards
[ ] Best in Hand Hygiene
[ ] Best in Antimicrobial Stewardship
[ ] Best in Environmental Cleaning and Decontamination
[ ] Best in Management of Infection Prevention Among Healthcare Workers
[ ] Best in Outbreak Prevention and Management
[ ] Best in Healthcare Waste Management
[ ] Best in Infection Prevention and Control Innovation

Infection Control Committee Head: _____

Contact No.: _____ Email Address:_____

Infection Control Nurse: _____

Contact No. : _____ Email Address: _____

ICC Member/s:

Name	Designation
_____	_____
_____	_____
_____	_____
_____	_____

Submitted by:

_____ _____
Name and Signature of Hospital Director/ Chief of Hospital/Hospital Administrator

Date of Submission