



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

**HOSPITAL BEST PRACTICES
IN INFECTION PREVENTION AND CONTROL AWARDS YEAR III**

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):
 Over All Winners
 Special Award
 Best in Hand Hygiene
 Best in Environmental Cleaning and Decontamination
 Best in Management of Infection Prevention Among Healthcare Workers
 Best in Healthcare Waste Management
 Best in Isolation Precaution Management
 Best in Outbreak Management
 Best in Surveillance of antibiotic resistance

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