Centre intégré
de santé
et de services sociaux
de la Côte-Nord
Québec

Observation sheet

Wearing a mask

Observer: _____	**Time:** _____
Date: _____	**Facility:** _____
Day of the week: _____	**Unit:** _____

Occupational category:

1. Physician
2. Nurse
3. Medical student (resident)
4. Nursing student
5. Social worker
6. Pharmacy
7. Occupational therapy
8. Physiotherapy
9. Hygiene and sanitation staff
10. User transporter (porter)
11. Radiology
12. Respiratory therapy
13. Nutrition
14. Health care attendant (HCA)
15. Electrophysiology
16. Nursing assistant
17. Other

	Observation								
	1	2	3	4	5	6	7	8	9
Occupational category									
Type of mask Homemade (H) Procedure (P) N95 (N)									
Covers the nose AND the chin YES (Y) NO (N)									
	10	11	12	13	14	15	16	17	18
Occupational category									
Type of mask Homemade (H) Procedure (P) N95 (N)									
Covers the nose AND the chin YES (Y) NO (N)									