

Quality Assurance Sheet for Gowns

Contact Information

Name of primary contact: _____

Phone Number: _____

Further contacts:

Initials of person(s) who handled cutting:

Material: ULine Other (**not approved for clinical use**)

Initials of person(s) who handled cleaning and assembly:

Initials of person(s) who handled pickup and deliver:

Initials of any other involved people:

QA Steps taken on *all* gowns:

- cleaned
- verified no rips
- checked edges
- folded properly

QA steps taken on delivery

- edited and included instructions
- gloves used when loading vehicle
- gloves used when unloading vehicle