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: QA steps taken on delivery
- [] cleaned [] edited and included instructions
- [] verified no rips [] gloves used when loading vehicle
- [] checked edges [] gloves used when unloading vehicle
- [] folded properly