

PERSONAL HYGIENE CHECKLIST

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Date: _____

Sr. No	Dept.	Name of Person	Checkpoints							
			Nails Cutting	Proper Hair Cut	Shaving	Sneezing	Cut & Wounds	Fever	Cough & Cold	Ornaments
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

Note: Put√' tick on particular column of Checkpoints.

Checked By :

Reviewed By :