

Gloved Fingertip & Thumb Log Sheet

									Results						
Name of Person Observed	Date & Time	Media & Components	Media Lot #	Media Expiration & Date	Date/Time 1 st Incubation	Date/Time 2nd Incubation	Date/Time 1 st Temperature	Date/Time 2nd Temperature	CFU Count Left Hand	CFU Count Right Hand	Date & Time CFUs Observed	Initials of Observed	Initials of Observer	Comment(s)	Organism(s) Identified (if applicable)