

Healthcare Personnel Safety Component Facility Survey

*Required for saving	**Required for completion	*Tracking # :																
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> _____ _____ </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">*Facility ID # : _____</td> <td style="width: 50%; padding: 5px;">*Survey Year: _____</td> </tr> <tr> <td style="text-align: center; padding: 5px;">*FACILITY INFORMATION</td> <td style="text-align: center; padding: 5px;">*Number of:</td> </tr> <tr> <td style="padding: 5px;">Acute care beds</td> <td></td> </tr> <tr> <td style="padding: 5px;">Patient admissions</td> <td></td> </tr> <tr> <td style="padding: 5px;">Inpatient days</td> <td></td> </tr> <tr> <td style="padding: 5px;">Outpatient visits</td> <td></td> </tr> <tr> <td style="padding: 5px;">Total number of part-time personnel</td> <td></td> </tr> <tr> <td style="padding: 5px;">Total number of full-time personnel</td> <td></td> </tr> </table>			*Facility ID # : _____	*Survey Year: _____	*FACILITY INFORMATION	*Number of:	Acute care beds		Patient admissions		Inpatient days		Outpatient visits		Total number of part-time personnel		Total number of full-time personnel	
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PROCEDURE DATA																		
	*Inpatient	*Outpatient																
*Total number of surgeries																		

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

SELECTED HEALTHCARE WORKER OCCUPATIONAL GROUPS		
*Occupation	*Number of HCWs	*Number of FTEs
Registered nurse		
Licensed practical nurse		
Nurse practitioner/clinical nurse specialist		
Nursing assistant/patient care technician		
Nurse midwife		
Nurse anesthetist		
Attendant/orderly		
Respiratory technician/therapist		
Phlebotomist		
IV team		
Clinical laboratory technician		
OR/surgical technician		
Dental assistant/technician		
Dental hygienist		
Dentist		
Housekeeper		
Laundry staff		
Maintenance/engineering service		
Central supply staff		
Physician assistants		
Intern/resident		
Fellow		
Attending physician		