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 www.cdc.gov/nhsn

## Monthly Survey Patient Days & Nurse Staffing

\*required for saving    \*\*conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID: \_\_\_\_\_ \*Month \_\_\_\_\_ \*Year \_\_\_\_\_

*NHSN Location Code	*Total# Productive Hours (Numerator)	*Total# Patient Days (Denominator)

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