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Contact™ Subsequent Gloved Fingertip and Thumb Test Log

Cat. #: TD100

2023 USP < 797> Section 2.2 Demonstrating Competency in Garbing and Hand Hygiene

EMPLOYEE NAME:

SUBSEQUENT EMPLOYEE GFT				
Test Observer Name: Test Time: Test Date: Test Time: Check box to confirm you collected certificate of analysis (CoA) for growth media. Keep a copy of the CoA(s) on file. To download a copy, visit www.parasolmed.com/cultivate/cultivate-resources				
GFT Test: LEFT HAND	GFT Test: RIGHT HAND			
Component No.: T-D100 Media Type: TSA with L&T, Sterile Media Manufacture: Parasol Medical Media Exp. Date:	Component No.: T-D100 Media Type: TSA with L&T, Sterile Media Manufacture: Parasol Medical Media Exp. Date:			
Media Lot #:	Media Lot #:			
INTERVAL 1 2023 USP <797> 30-35°C for no less than 48 hr	INTERVAL 2 2023 USP < 797 > 20-25°C for no less than 5 additional days			
Actual Temp. Reading: Start Date: End Date:	Actual Temp. Reading: Start Date: End Date:			
GFT TEST RESULTS Report any growth greater than action levels to Pharmacy Manager				
Name of Person Reading the Results: Visual Observation of Proper Garbing and Hand Hygiene PASS FAIL Growth Results: POSITIVE NEGATIVE Colony Forming Unit Count (total of both sides): Test Results (must pass both visual and growth test): PASS FAIL				

EMPLOYEE SUBSEQUENT GFT SAMPLING OVERVIEW Sign-off after successful completion of test.				
	vth greater than action levels to appro	priate management.		
☐ PASS	Employee Signature:		Date:	
☐ FAIL	Manager Signature:		Date:	
CODDECTIV	E ACTION SUMMARY / COMM	ENTC.		
CORRECTIV	EACTION SUMMARY / COMM	ENIS:		

Action Levels for Gloved Fingertip and Thumb Sampling, per 2023 USP <797>1

Gloved Fingertip and	Action Levels
Thumb Sampling	(cfu, total from both hands
After garbing	>0

Action levels are based on the total cfu count on both hands