



HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Kod Dokumen: HSAAS/IPC/BR36

PARTICULATE COUNT FORM

Location : _____

Date of sampling : _____ Time : _____

Temperature : _____

Humidity : _____

Indication : New Operation Theatre

: After renovation process/
HEPA filter change

: After outbreak

: Others (*Please specify*)

Result:

0.3 μm	0.5 μm	5.0 μm
CNT	CNT	CNT

Comment:

Air Particle Count done by:

Air Particle Count verify by:

(Signature & Stamp)

(Signature & Stamp)