

**Basic Infection Control Skills License (BICSL)**  
**BICSL Assessment Sheet**

Employee Name: \_\_\_\_\_ Employee No. \_\_\_\_\_  
 Work Place: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Vaccinations:**

Vaccine		Date	Notes
Meningococcal Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Influenza Vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Hand Hygiene and PPE Competencies:**

Competency	Complete	Incomplete	Trainer
Hand Hygiene			
PPE			

**Respirator Fit Test Record:**

Exercise	Fit	Taste Detected
Normal Breathing		
Deep Breathing		
Turning Head Side to Side		
Nodding Head Up and Down		
Talking – Rainbow Passage		
Bending Over		
Normal Breathing		

*Prior to being fit tested this person was observed clean shaven:*  Yes  No

Respirator Type: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_  
 Testing Agent: **Sweet**  **Bitter**  Sensitivity Test Squeezes: \_\_\_\_\_  
 Fit Tester: \_\_\_\_\_ Date Tested: \_\_\_\_\_