



ENP Germ City Program Delivery Report

Date(s) of Delivery: _____ Hours of Delivery _____

Location: _____

Type of program:

School:	Fair:	Other: (specify)
<input type="radio"/> Elementary	<input type="radio"/> Health, Family Resource	
<input type="radio"/> Middle	<input type="radio"/> County	
<input type="radio"/> Other: _____	<input type="radio"/> Other: _____	

Delivery Team: _____

Number Participants:

Youth: _____	Adults: _____
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Evaluation tool used? Yes No

Evaluation results

Time to Wash Hands	Number in Category
After coughing and sneezing	
After playing/working outside	
Before preparing or eating food	
After using the restroom	
After playing with pets	
Nothing	

Comments about delivery:

Please give report to your ENP coordinator.