Tarih :\_\_ / \_\_ / \_\_\_\_\_ Gün : \_\_\_\_\_\_\_\_ Saat : \_\_ : \_\_\_ İlaçlanan Alan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**İLAÇLAMAYI YAPAN FİRMAYA AİT BİLGİLER**

İlaçlamayı Yapan Firma Adı : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adres : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefon / Fax Numarası : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

İlaçlamayı Yapan Ekip Sorumlusu Ad-Soyad/İmza :

**KULLANILAN İLACA AİT BİLGİLER**

Kullanılan ilacın ticari adı : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

İlacın temin edildiği yer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

İlacın uygulama şekli : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

İlacın aktif maddesi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

İlacın antidotu : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

İlaç ambalajının miktarı (kg/litre) :

**İLAÇLAMA YAPILAN YER HAKKINDAKİ BİLGİLER**

İlaçlama yapılan yerin açık adresi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

İlaçlama yapılan haşere türü/adı : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uygulama tarihi ve saati : \_\_\_ / \_\_\_ / \_\_\_\_\_\_ \_\_\_ : \_\_\_

Mesken/işyeri vb. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

İşyeri ise çalışan sayısı : ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

İlaçlama yapılan yerin alanı : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **EVET** | **HAYIR** | **AÇIKLAMA** |
| Kullanılacak tüm ilaçlar Sağlık Bakanlığından onaylı ve sertifikaları mevcut. | **□** | **□** |  |
| İlaçlama sırasında alanda kimse bulunmuyor. | **□** | **□** |  |
| Yiyecek – içecek bulunan alanlarda ( Kantin vb) ilaçlama yapılırken açıkta yiyecek bulunmuyor. | **□** | **□** |  |
| İlaçlama yapan kişi koruyucu elbise giyiyor.  | **□** | **□** |  |
| İlaçlama yapan kişi eldiven ve maske kullanıyor. | **□** | **□** |  |
| İlaçlama bittikten sonra ilaçlanan alan havalandırıldı. | **□** | **□** |  |
| İlaçlama sırasında ve hemen sonrasında alana insan ve hayvan girişi engelleniyor. | **□** | **□** |  |
|  |  |  |  |

**Denetim Notları**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Denetim Yapan İstanbul Nişantaşı Üniversitesi Ekibi**

|  |  |
| --- | --- |
| Tarih: \_\_ / \_\_ / \_\_\_\_\_Ad-Soyad/İmza***Destek Hizmetler Daire Başkanı*** | Tarih: \_\_ / \_\_ / \_\_\_\_\_Ad-Soyad/İmza***İSG Uzmanı*** |
| Tarih: \_\_ / \_\_ / \_\_\_\_\_Ad-Soyad/İmza***İşyeri Hekimi*** |