

MyQ Self-Monitoring Scorecard



Date: ___/___/___ Self-Auditor (Signature): _____

When I Wash	When I Clean
<input type="checkbox"/> On Arrival	<input type="checkbox"/> On Arrival
<input type="checkbox"/> Pre / Post Breaks	<input type="checkbox"/>
<input type="checkbox"/> Pre / Post Bathroom Use	<input type="checkbox"/>
<input type="checkbox"/> Task Change	<input type="checkbox"/>
<input type="checkbox"/> Facial Tissue/Sneeze/Cough	<input type="checkbox"/>
<input type="checkbox"/> Customer Contact	<input type="checkbox"/>
<input type="checkbox"/> Departure	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Target Totals

Target Totals

Hour	— MyQ —		Hour	— MyQ —	
	Target	Actual		Target	Actual
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
Total			Total		
	%			%	

Coach-Auditor (Signature): _____