

# Sample Reporting Form for Surgical Site Infections (v3a)\*

Name of Facility: \_\_\_\_\_

Quarter (circle one)    1    2    3    4    Year of Report: \_\_\_\_\_

Update of prior quarterly reporting due to identification of a new infection: Yes    No

Facility NHSN ID#: \_\_\_\_\_ (5 digits)

Name of Person Completing Form: \_\_\_\_\_  
Please print legibly

Contact Information:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare associated Surgical Site Infections (SSIs)	Number of Cases	Denominator
1. Deep or organ/space SSIs not reported through NHSN		# of procedures
A. Orthopedic (consider total knee/hip)		
B. Cardiac (consider mediastinitis following CABG)		
C. GI (consider colon resection)		
D.		
E.		

Comments:

Upon completion, please email this to [infectioncontrol@cdph.ca.gov](mailto:infectioncontrol@cdph.ca.gov)  
or  
fax to "HAI Program" at (510) 620-3989.

This version is new effective April 1, 2010. SSIs are to be assigned to the month the surgery was performed. It is suggested that this form be turned in within 60 days of the end of the quarter. Data reported by this form cannot be risk-adjusted and therefore cannot be used for public reporting by CDPH as required by Senate Bill 1058 beginning January 1, 2012. Thus facilities are encouraged to voluntarily report SSIs through NHSN and confer rights to CDPH. All other data mandated by SB 1058 must be reported through NHSN. For questions, please contact the HAI Program at [infectioncontrol@cdph.ca.gov](mailto:infectioncontrol@cdph.ca.gov) or phone (510) 412-6060.

Thank you.

**\* This form is a sample; its use is not a requirement of Senate Bill 1058 or the California Department of Public Health**