



# Classroom Cleaning & Disinfection Checklist

## Pre-Cleaning Assessment & Preparation

Initial checks and gathering supplies before any cleaning begins.

**Date of Cleaning**

Enter date...

**Start Time**

**Classroom Number/Location**

 [Set My Current Location](#)




### Classroom Occupancy Level (Prior to Cleaning)

- ☐ Empty
- ☐ Low
- ☐ Medium
- ☐ High

### Notes on Classroom Condition (e.g., spills, unusual debris)

Write something...

### Photo Documentation of Pre-Cleaning Condition (Optional)

 Upload File

### Temperature (Fahrenheit/Celsius)

Enter a number...

### PPE Required (Check all that apply)

- ☐ Gloves
- ☐ Mask
- ☐ Eye Protection
- ☐ Other

## Surface Disinfection - High Touch Areas

Focusing on frequently touched surfaces to minimize germ spread.

### Disinfectant Used (Verify EPA Registration)

- ☐ Bleach Solution
- ☐ Quaternary Ammonium Compound
- ☐ EPA Registered Disinfectant - Specify Brand/Product
- ☐ Other - Specify

### Notes on Disinfectant Choice/Dilution (if applicable)

Write something...

### Door Handles Disinfected?

- ☐ Yes
- ☐ No

### Light Switches Disinfected?

- ☐ Yes
- ☐ No

### Desks/Tables Disinfected?

- ☐ Yes
- ☐ No

### Chair Surfaces Disinfected?

- ☐ Yes
- ☐ No

### Computer/Keyboard/Mouse Disinfected?

☐ Yes

☐ No

### Shared Equipment (e.g., Projectors, Microphones) Disinfected?

☐ Yes

☐ No

## Surface Disinfection - General Classroom Surfaces

Disinfecting all classroom surfaces, beyond just the high-touch areas.

### Disinfectant Used (Specify Product Name)

☐ Product A

☐ Product B

☐ Product C

☐ Other (Specify)

### Contact Time (Seconds)

Enter a number...

### Notes on Application

Write something...

### Window Surfaces Cleaned?

☐ Yes

☐ No

### Whiteboard/Dry Erase Board Cleaned?

☐ Yes

☐ No

### Cabinets/Storage Units Cleaned?

☐ Yes

☐ No

### Shelving Cleaned?

☐ Yes

☐ No

### Any Problem Areas Observed?

Write something...

## Floor Cleaning & Disinfection

Cleaning and disinfecting all floor surfaces, including carpets and hard floors.

**Floor Type:**

- ☐ Hardwood
- ☐ Tile
- ☐ Carpet
- ☐ Vinyl
- ☐ Concrete

**Cleaning Method:**

- ☐ Sweeping
- ☐ Mopping
- ☐ Vacuuming
- ☐ Carpet Cleaning (Extraction)

**Quantity of Cleaning Solution Used (liters/gallons):****Any stains or problem areas noted:****Disinfectant Used:**

- ☐ Bleach Solution
- ☐ Quaternary Ammonium Compound
- ☐ EPA-Registered Disinfectant (Specify Brand)

**Start Time of Floor Cleaning**

### End Time of Floor Cleaning

### Any issues encountered during floor cleaning:

Write something...

## Restroom Cleaning & Disinfection (If Applicable)

Specific cleaning protocols for classroom restrooms.

### Restroom Type (if multiple exist)

- ☐ Student Restroom
- ☐ Staff Restroom
- ☐ Gender Neutral Restroom

### Notes on any unusual conditions/stains/damage observed

Write something...

### Toilet Bowl Disinfection Complete?

- ☐ Yes
- ☐ No

### Urinal Disinfection Complete?

- ☐ Yes
- ☐ No

### Sink Disinfection Complete?

☐ Yes

☐ No

### Countertop Disinfection Complete?

☐ Yes

☐ No

### Floor Cleaning Complete?

☐ Yes

☐ No

### Mirror Disinfection Complete?

☐ Yes

☐ No

### Time of Cleaning

## Waste Management

Proper disposal of waste materials, including potentially contaminated items.

### Number of Trash Bags Used

Enter a number...



### Types of Waste Disposed (Select all that apply)

- ☐ General Waste
- ☐ Recyclables
- ☐ Biohazardous Waste (if applicable)
- ☐ Paper Waste
- ☐ Food Waste

### Notes on any unusual or excessive waste

Write something...

### Waste Bag Liner Type

- ☐ Standard
- ☐ Heavy Duty
- ☐ Biohazard (if applicable)

### Date of Last Sharps Container Exchange (if applicable)

Enter date...

### Specific instructions for disposal of any unique items (e.g., art supplies, science experiments)

Write something...

## Post-Cleaning Verification & Documentation

Final checks and recording cleaning activities.

### Date of Cleaning

Enter date...

### Start Time of Cleaning

### End Time of Cleaning

### Cleaning Product(s) Used

- ☐ Disinfectant Spray
- ☐ Wipes
- ☐ Floor Cleaner
- ☐ Other (Specify Below)

### Specify 'Other' Cleaning Product(s)

Write something...

### Overall Cleanliness Assessment

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Needs Improvement

### Staff Member Completing Checklist

Write something...

**Signature of Staff Member**

**Room Number**