ChecklistGuro

# Patient Room Cleaning & Disinfection Checklist

Show only Checklist

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## Initial Assessment & Preparation

Pre-cleaning tasks to ensure safety and effective cleaning.

**Patient Room Number**

Enter a number...

**Date of Cleaning**

Enter date...

**Start Time of Cleaning**

Enter time...

**Room Status (Prior to Cleaning)**

- [ ] Occupied
- [ ] Vacant
- [ ] Under Isolation
- [ ] Scheduled for Discontinuation of Services

**Notes on Room Condition (e.g., spills, biohazards)**

Write something...

**Type of Isolation (if applicable)**

- [ ] Contact
- [ ] Droplet
- [ ] Airborne
- [ ] Protective Environment
- [ ] None

**Photo of Room Condition (Before Cleaning - Optional)**

Upload File

# Room Entry & Safety

Ensuring proper personal protective equipment (PPE) and room safety.

**PPE Donned?**

- [ ] Yes
- [ ] No

**Room Status (Occupied/Vacant/Isolation)**

- [ ] Occupied
- [ ] Vacant
- [ ] Isolation

**Patient/Resident Information (if occupied)**

Write something...

**Biohazard Risk Assessment?**

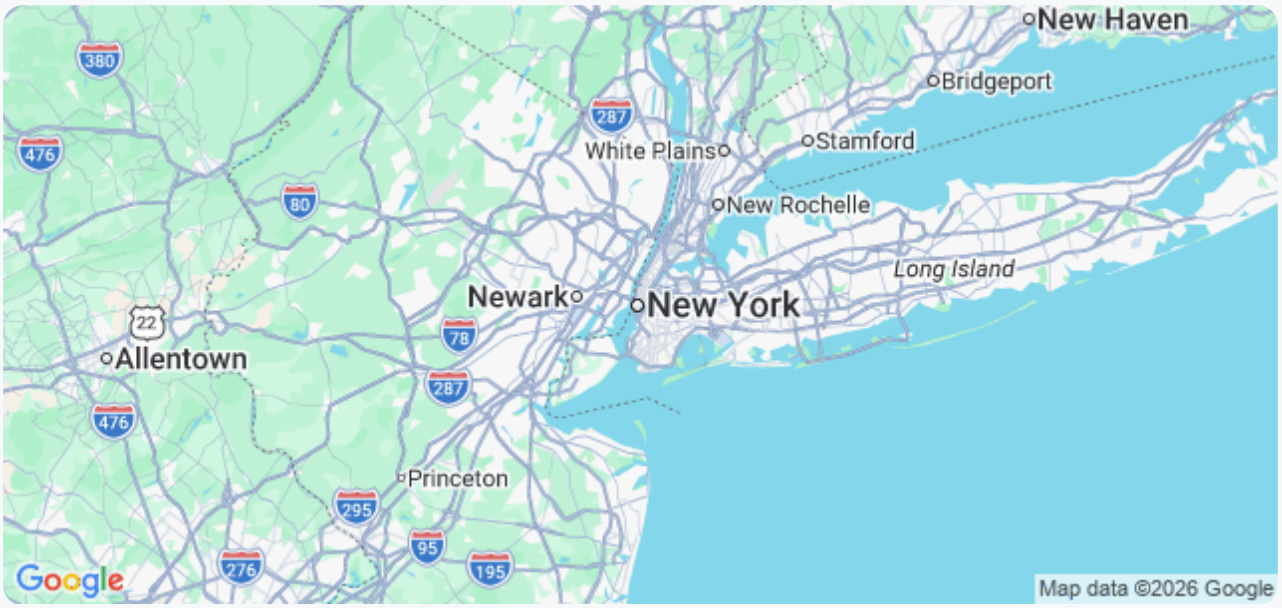
- [ ] Low
- [ ] Moderate
- [ ] High

**Entry Time**

Enter time...

**Room Number/Location**

Set My Current Location




# Dusting & Surface Cleaning (High to Low)

Cleaning surfaces from highest to lowest to prevent re-contamination.

**Dust Ceiling Fixtures (lights, vents)**

- [ ] Completed
- [ ] Not Completed

**Dust Window Sills and Frames**

- [ ] Completed
- [ ] Not Completed

**Dust Top of Furniture (dressers, nightstands)**

- [ ] Completed
- [ ] Not Completed

**Wipe Down Wall Surfaces (if applicable)**

- [ ] Completed
- [ ] Not Completed

**Wipe Down/Dust Blinds or Curtains**

- [ ] Completed
- [ ] Not Completed

**Clean Picture Frames/Decorations**

- [ ] Completed
- [ ] Not Completed

**Wipe Down Bed Frame**

- [ ] Completed
- [ ] Not Completed

**Clean Baseboards**

- [ ] Completed
- [ ] Not Completed

## Disinfection of High-Touch Surfaces

Targeted disinfection of frequently touched items.

**Disinfectant Used (Refer to approved list)**

- [ ] Bleach Solution
- [ ] Quaternary Ammonium Compound
- [ ] Hydrogen Peroxide
- [ ] Other (Specify in LONG_TEXT)

**If 'Other' disinfectant used, please specify:**

Write something...

**Contact Time Achieved?**

- [ ] Yes
- [ ] No

**If 'No' to Contact Time, explain why:**

Write something...

**High-Touch Surfaces Disinfected (Check all that apply)**

- [ ] Bed Rails
- [ ] Call Button/System
- [ ] Doorknobs/Handles
- [ ] Light Switches
- [ ] Overbed Table
- [ ] Window Sill/Latch
- [ ] IV Pole
- [ ] Remote Control
- [ ] Other (Specify in LONG_TEXT)

**If 'Other' High-Touch Surfaces, please specify:**

Write something...

**Concentration of Disinfectant (if applicable)**

Enter a number...

**Disinfection Start Time:**

Enter time...

# Bathroom Cleaning & Disinfection

Detailed cleaning and disinfection of the bathroom area.

**Toilet Bowl Condition (Pre-Cleaning)**

- [ ] Clean
- [ ] Slightly Soiled
- [ ] Moderately Soiled
- [ ] Heavily Soiled

**Shower/Tub Condition (Pre-Cleaning)**

- [ ] Clean
- [ ] Slightly Soiled
- [ ] Moderately Soiled
- [ ] Heavily Soiled

**Specific Issues Noted (e.g., mold, stains)**

Write something...

**Sink Cleanliness**

- [ ] Clean
- [ ] Slightly Soiled
- [ ] Moderately Soiled
- [ ] Heavily Soiled

**Disinfectant Used (Bathroom)**

- [ ] EPA-Registered Disinfectant 1
- [ ] EPA-Registered Disinfectant 2
- [ ] EPA-Registered Disinfectant 3
- [ ] Other (Specify)

**If 'Other' disinfectant selected, please specify:**

Write something...

**Contact Time (Seconds)**

Enter a number...

**Mirror Cleanliness**

- [ ] Clean
- [ ] Slightly Soiled
- [ ] Moderately Soiled
- [ ] Heavily Soiled

**Cleaner Signature**

# Floor Cleaning

Cleaning and disinfection of the room's flooring.

**Floor Type:**

- [ ] Vinyl
- [ ] Tile
- [ ] Wood
- [ ] Carpet

**Cleaning Method:**

- [ ] Mopping
- [ ] Vacuuming
- [ ] Autoscrubber

**Detergent Concentration (ppm):**

Enter a number...

**Notes on Soil or Spills:**

Write something...

**Rinsing Performed?**

- [ ] Yes
- [ ] No

**Floor Dried?**

- [ ] Yes
- [ ] No

**Area Covered (sq ft):**

Write something...

# Final Inspection & Documentation

Ensuring completeness and recording completion of the cleaning process.

**Date of Cleaning**

Enter date...

**Time of Cleaning Start**

Enter time...

**Time of Cleaning End**

Enter time...

**Room Status After Cleaning**

- [ ] Ready for Patient
- [ ] Isolation Cleaning Required
- [ ] Equipment Malfunction – Report to Maintenance

**Any Issues Encountered During Cleaning?**

Write something...

**Concentration of Disinfectant Used (%),**

Enter a number...

**Competency Check Completed?**

- [ ] Yes
- [ ] No

**Cleaner Signature**

**Cleaner Name (Printed)**

Write something...