

# Patient Room Cleaning & Disinfection 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

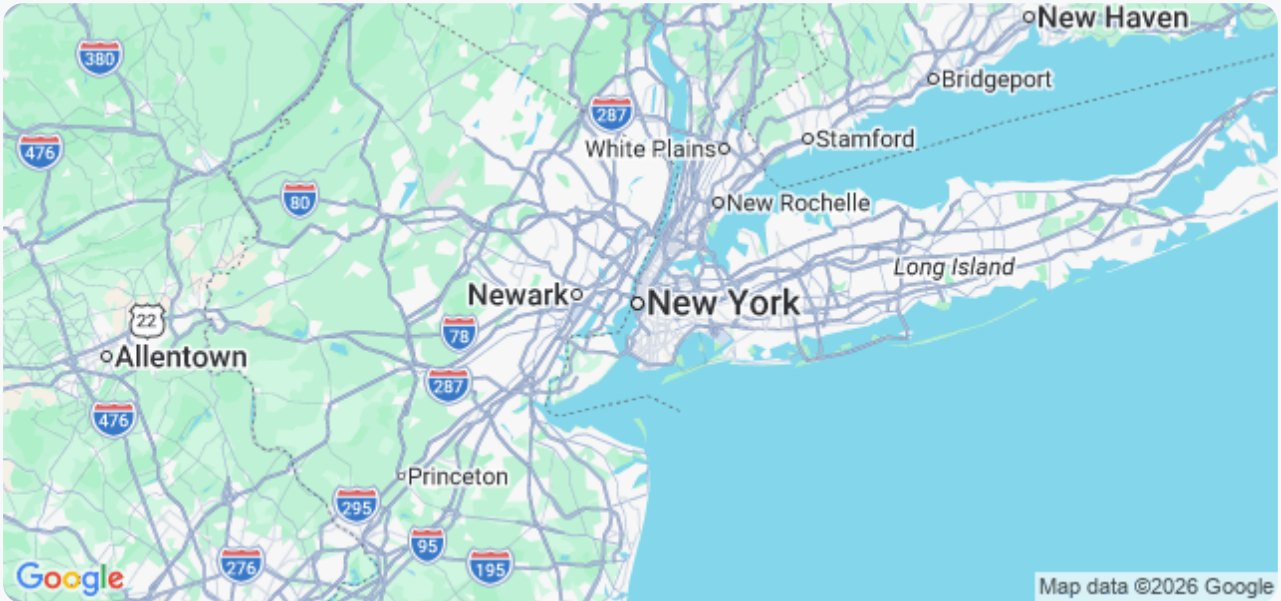
High

### 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...