



Patient Room Cleaning & Disinfection Checklist

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

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

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:

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

Time of Cleaning End

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)