

ENVIRONMENTAL SERVICES CHECK LIST AUDIT

• Daily Cleaning of Patient Room •

1. High Dusting Performed

Yes _____ No _____

a. Use high duster/mop head: wipe ledges

(shoulder high and above)

Yes _____ No _____

b. Vents

Yes _____ No _____

c. Lights

Yes _____ No _____

Do not high dust over the resident

d. Dust TV: rotate and dust screen and wires

Yes _____ No _____

Remove dust over cart trash bag gently

2. Damp Dust

Cloth (rag) and spray bottle of disinfectant

- damp wipe:

a. Ledges (shoulder high)

Yes _____ No _____

Yes _____ No _____

b. Door handles

Yes _____ No _____

3. Bedrails and Bedside Table

Yes _____ No _____

4. Glass Surfaces

Yes _____ No _____

a. Wall spots

Yes _____ No _____ NA _____

5. Bathroom (Toilet Bowl Mop) All Surfaces

Yes _____ No _____

a. Weekly toilet chemical allow to stay

Yes _____ No _____

b. Ledges in bathroom

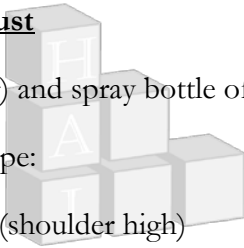
Yes _____ No _____

c. Door handles

Yes _____ No _____

d. Sink

Yes _____ No _____



IMPROVING QUALITY
.....
REDUCING INFECTION

- e. Shower stall Yes_____ No_____
- f. Finish toilet Yes_____ No_____
- g. Damp wipe toilet seat Yes_____ No_____
- h. Clean mirrors/chrome Yes_____ No_____
- 6. Empty Waste Basket** Yes_____ No_____
- a. Disinfect if wet Yes_____ No_____
- b. Bags- close Yes_____ No_____
- 7. Isolation (Red Bag Waster) Empty** Yes_____ No_____
- a. Carry to soiled utility room Yes_____ No_____
- b. Carry to Large Red Hazard trash Yes_____ No_____
- 8. Needle Boxes**
- a. Check level of Sharps Yes_____ No_____
- b. Replace if 1/2 to 3/4 full Yes_____ No_____ NA_____
- c. To soiled Utility Room after securely closing Yes_____ No_____ NA_____
- 9. Floor Disinfection-Sign on Door**
- a. Wet mop head in disinfectant Yes_____ No_____
- b. Mop (farthest from door) 1/2 way room Yes_____ No_____
- c. Bathroom shower floor Yes_____ No_____
- d. Bathroom floor Yes_____ No_____
- e. Flip mop head- do remainder of room Yes_____ No_____

