

CLEANING TRAINING CHECKLIST

HEALTHCARE & CLINICS

IMPORTANT: Healthcare cleaning requires strict adherence to infection control protocols. Always verify EPA-registered disinfectants meet facility requirements and follow manufacturer contact times. Document all cleaning for compliance audits.

Facility Name: _____

Staff Name: _____

Date: _____ Shift: _____ Supervisor: _____

Cleaning Area	Task Steps & PPE	Products & Dilution (Fill In)	Frequency (Fill In)	Pass/Fail Criteria	Initial
Patient Rooms	1. Apply disinfectant to bed rails (observe dwell time) 2. Sanitize over-bed table 3. Disinfect call button 4. Wipe IV pole & equipment 5. Mop floor (clean to dirty) PPE: Gloves, gown if isolation, safety glasses	EPA-registered disinfectant: _____ Microfiber system: _____ Mop with disposable heads: _____	<input type="radio"/> Terminal clean between patients <input type="radio"/> Occupied rooms: 3x/day touchpoints <input type="radio"/> Other: _____	PASS: All surfaces visibly clean, EPA contact time documented, no missed areas, log signed FAIL: Visible soil, contact time not met, missing surfaces, no documentation	
PPE Protocols	1. Don gloves before entering 2. Apply gown for isolation rooms 3. Use eye protection 4. Perform hand hygiene before/after 5. Dispose in correct receptacles PPE: Per room signage & protocol	Nitrile gloves: _____ Isolation gowns: _____ Safety glasses: _____ Hand sanitizer: _____ Biohazard bags: _____	<input type="radio"/> PPE change between every patient area <input type="radio"/> Hand hygiene every entry/exit <input type="radio"/> Other: _____	PASS: 100% compliance observed, no cross-contamination, proper disposal, hand hygiene performed FAIL: Skipped PPE, cross-contamination risk, improper disposal	
Exam Rooms	1. Disinfect exam table & replace paper 2. Sanitize counters 3. Wipe medical equipment 4. Empty trash & sharps 5. Restock supplies PPE: Gloves, safety glasses	EPA-registered wipes: _____ Equipment cleaner: _____ Tablepaper: _____ Sharps container: _____	<input type="radio"/> Between every patient (5-10 min max) <input type="radio"/> Supply check 2x/shift <input type="radio"/> Other: _____	PASS: Room turnover <10 min, table paper replaced, equipment disinfected, supplies >80%, sharps <3/4 full FAIL: Slow turnover, no paper change, missed equipment, low supplies	
ICU / High-Risk Areas	1. Disinfect monitoring equipment 2. Clean ventilator exterior 3. Sanitize IV pumps 4. Wipe crash cart handles 5. Document contact time PPE: Gloves, gown, safety glasses, mask per protocol	Hospital-grade disinfectant (EPA List N): _____ Electronics-safe wipes: _____ Microfiber cloths: _____	<input type="radio"/> Hourly touchpoints <input type="radio"/> Terminal clean after procedures <input type="radio"/> Equipment after each use <input type="radio"/> Other: _____	PASS: All equipment disinfected, contact time verified & logged, visible cleanliness, audit >95% FAIL: Missed equipment, no time documentation, failed audit	
Waiting Rooms	1. Wipe chairs & armrests 2. Disinfect door handles 3. Clean reception counter 4. Sanitize magazines/tablets 5. Empty trash PPE: Gloves	Disinfecting wipes: _____ All-purpose spray: _____ Glass cleaner: _____	<input type="radio"/> Every 2 hours during operating hours <input type="radio"/> Deep clean at close <input type="radio"/> Other: _____	PASS: All touchpoints disinfected, no visible soil, trash <3/4 full, area presentable FAIL: Dirty chairs, sticky surfaces, overflowing trash	

CLEANING TRAINING CHECKLIST **HEALTHCARE & CLINICS** (CONT.)

Supervisor Review & Compliance Documentation

Areas Requiring Rework:

Contact Time Verification: ☐ All contact times met and documented

Coaching Notes:

Supervisor Signature: _____ Date/Time: _____