

# 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) <b>PPE:</b> 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: _____	<b>PASS:</b> All surfaces visibly clean, EPA contact time documented, no missed areas, log signed  <b>FAIL:</b> 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 <b>PPE:</b> 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: _____	<b>PASS:</b> 100% compliance observed, no cross-contamination, proper disposal, hand hygiene performed  <b>FAIL:</b> 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 <b>PPE:</b> 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: _____	<b>PASS:</b> Room turnover <10 min, table paper replaced, equipment disinfected, supplies >80%, sharps <3/4 full  <b>FAIL:</b> 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 <b>PPE:</b> 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: _____	<b>PASS:</b> All equipment disinfected, contact time verified & logged, visible cleanliness, audit >95%  <b>FAIL:</b> 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 <b>PPE:</b> 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: _____	<b>PASS:</b> All touchpoints disinfected, no visible soil, trash <3/4 full, area presentable  <b>FAIL:</b> 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: \_\_\_\_\_