# Cleaning and Disinfecting Log

|  |  |
| --- | --- |
| **Date:**  |  |
| **Room ID:** |  |

#### Approved Products

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product Type** | **Brand Name** | **Dwell Time** **(minutes)** | **PPE Required1** | **Equipment Required2** |
| **Cleaner** |  |   |  |  |
| **Disinfectant** |  |   |  |  |

#### Cleaning/Disinfecting Log

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Cleaning Step** | **Time** | **Item and Number Present3-5** | **Print Name** | **Signature** |
|  | *Clean* |  |  |  |  |
| *Disinfect* |  |  |  |  |
| *Clean* |  |  |  |  |
| *Disinfect* |  |  |  |  |
| *Clean* |  |  |  |  |
| *Disinfect* |  |  |  |  |

##### Cleaning Notes:

1. Personal Protective Equipment (PPE) may include gloves (specify type), masks (specific type), protective eyewear, etc.
2. Cleaning and disinfecting equipment may include wipes (paper, cloth or microfiber), mop and bucket, steam cleaning, etc. *Whenever possible, use discrete equipment for each room to minimize potential for cross contamination.*
3. Identify high-touch items that require more frequent cleaning and disinfecting. These may include doorknobs, switch plates, drawer handles, chair backs, chair arms, stair railings, elevator buttons, counters, desks, keyboards and mice, electronic tablet screens, etc.
4. Identify common-use items that may only require frequent cleaning and disinfecting, such as countertops, faucet handles, toilet flush levers, coffee pots, microwave buttons, refrigerator handles, etc.
5. Identify general-use areas that may require less frequent cleaning and disinfecting, such as floors, towels, etc.

Use the checklist (on the next page) to identify the item, number present and frequency of cleaning/disinfecting required. Reevaluate your checklist as it is being used to remove/add items and change frequency to better reflect your needs.

# Cleaning and Disinfecting Checklist

|  |  |
| --- | --- |
| Room ID |  |

#### Items requiring cleaning and disinfecting in this room include:

|  |  |
| --- | --- |
| Item / Number Present | Frequency of cleaning/disinfecting |
| **Weekly** | **Daily** | **Between Shifts** |
| High-Touch Items |  |  |  |
| Doorknobs *(#)* |  |  |  |
| Switch plates *(#)* |  |  |  |
| Drawer handles *(#)* |  |  |  |
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| Common-Area Items |  |  |  |
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| General-Use Items |  |  |  |
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