**DAILY CLEANING INSPECTION FORM**

Place a “Y” for all areas that meet the inspection standard. Date Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comment on areas that do not meet the standard. Completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **PATIENT ROOM #\_\_\_\_\_\_\_\_\_\_** |  **If Yes = Y** **If No = N**  **and comment** |  **COMMENT** |
| **Hand wash sink clean** |  |  |
| **Soap, alcohol rinse dispensers are clean/stocked/not expired** |  |  |
| **Ceiling tiles, air vents, sprinklers clean** |  |  |
| **Sharps container checked, garbage cans emptied** |  |  |
| **Equipment- i.e., IV and/or tube feeding pole and base, clean** |  |  |
| **Computer keyboard and mouse** |  |  |
| **Cabinet handles and surfaces clean and free of tape and hand prints** |  |  |
| **TV, front and back wiped clean** |  |  |
| **Bedside table surface and pulls clean**  |  |  |
| **Ceiling lift is clean and dust free** |  |  |
| **Over bed table surface clean, track for slider clean, base clean** |  |  |
| **Floors clean, not sticky, free of dust** |  |  |
| **Telephone, hand set clean** |  |  |
| **Remote control clean** |  |  |
| **Room fan on countertop dust-free** |  |  |
| **Sleeper couch/chair- clean** |  |  |
| **Room chair arm rests, back, side, head rest, and seat clean** |  |  |
| **Windows are clean on inside and ledges are dust free**  |  |  |
| **Countertops, desk area, and chair are clean** |  |  |
| **Closet looks and smells clean**  |  |  |
| **BED** |  |  |
| **All side rails are free of tape, and clean, including both sides of rails, crevices around controls, bottoms of rails** |  |  |
| **Frame is dust free** |  |  |
| **Controls at foot of bed are clean and dust free if applicable** |  |  |
| **Call light and cord are clean** |  |  |
| **BATHROOM** |  |  |
| **Sink and counters free of water spots and clean** |  |  |
| **Soap dispensers are clean and stocked** |  |  |
| **Lights are dust free, mirror clean, light switches clean** |  |  |
| **Toilet is clean, floor around and behind toilet is clean** |  |  |
| **Pipes around toilet are free of water build up and clean** |  |  |
| **Pull cords are clean and hang free of railings** |  |  |
| **Bathroom smells clean, no odors noted** |  |  |
| **Bathroom door is clean and free of handprints, handles are clean** |  |  |
|  **TOTAL ITEMS MET PER ROOM** | **/32** |  |