

# \_\_\_\_\_ Cleaning Schedule

**Procedure:**

1. All work surfaces and equipment must be cleaned with disinfectant solutions approved by the Environmental Protection agency (EPA), effective in killing HIV/HB/TB, and used according to product label for desired effect.
2. Clean work surfaces and/or equipment daily and after each patient use.

**Directions:**

Staff cleaning work surfaces and equipment must be initial the appropriate box (month and day). Staff should initial and sign the bottom of this form to identify staff member.

LOCATION/AREA CLEANED: \_\_\_\_\_

	January	February	March	April	May	June	July	August	September	October	November	December
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Staff Initials/Signature:

Print Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Initials: \_\_\_\_\_