

Environmental Services Checklist Audit:

Daily Cleaning of Patient/Resident Room

STEPS		
Cleaning Task	Compliance	Comment / Recommendation
High Dusting Performed		
Use high duster/mop head: wipe ledges (shoulder high and above)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lights <u>*Do not high dust OVER the patient/ resident</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dust TV: rotate and dust screen and wires		
Damp Dust: Clothes (rags) and spray bottle of disinfectant for damp wipe		
Ledges (shoulder high)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Door handles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Room furniture (bureaus, chairs, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bedside Table: Disinfect Surface	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment (per policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Glass Surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bathroom: All Surfaces		
Toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ledges in bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Door handles	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sink (especially faucet handles)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shower stall	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean mirrors/chrome	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Waste Basket		
Liner bags: close before removing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean and disinfect if can is visibly soiled	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Isolation (Red Bag Waste)		
Close and carry to soiled utility room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place in covered Red Hazard trash	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Needle Boxes		
Check level of sharps	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Replace if half to three-fourth full	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Take to soiled utility room after securely closing	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Cleaning Task	Compliance	Comment / Recommendation
Floor Disinfection		
Sweep floor before wet mopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	
With wet mop, start farthest from door; half of room first, then other half	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bathroom shower floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bathroom Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Adapted from the Evanston Northwestern Healthcare (Illinois) Checklist published in the Institute for Healthcare Improvement (IHI). Getting Started Kit: Reduce Methicillin-resistant Staphylococcus aureus (MRSA) Infection How-to Guide, 2006. Available online at www.ihl.org/IHI/Programs/Campaign.