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| **EVS Cleaning Observations Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Locations in Hospital** | **Use Public Area Observation Sheet** | **Use Patient Room Observation Sheet** | **EVS Staff to be Audited** | **Date(s) to do Patient Room** | **Date(s) to do Public Area** |
| Patient Room |  | X |  |  |  |
| Chapel | X |  |  |  |  |
| Coffee Bar | X |  |  |  |  |
| Dining Room | X |  |  |  |  |
| Exam Room |  | X |  |  |  |
| Lab | X |  |  |  |  |
| Lobby | X |  |  |  |  |
| Medication Room | X |  |  |  |  |
| Nurse Station | X |  |  |  |  |
| Pharmacy | X |  |  |  |  |
| Public Restroom | X |  |  |  |  |
| Respiratory Therapy | X |  |  |  |  |
| Waiting Area | X |  |  |  |  |
| X-Ray/MRI | X |  |  |  |  |
| Procedural/OR | X |  |  |  |  |