|  |
| --- |
| **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 |   |   |   |   |