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| **EVS Cleaning Observations Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Locations in Long-Term Care Facility** | **Use Public Area Observation Sheet** | **Use Resident Room Observation Sheet** | **EVS Staff to be Audited** | **Date(s) to do Resident Room** | **Date(s) to do Public Area** |
| Resident Room |  | X |  |  |  |
| Chapel | X |  |  |  |  |
| Coffee Bar | X |  |  |  |  |
| Dining Room | X |  |  |  |  |
| Lobby | X |  |  |  |  |
| Medication Room | X |  |  |  |  |
| Nurse Station | X |  |  |  |  |
| Pharmacy | X |  |  |  |  |
| Public Restroom | X |  |  |  |  |
| Respiratory Therapy | X |  |  |  |  |
| Waiting Area | X |  |  |  |  |