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| **EVS Cleaning Audit Checklist** | | | | | | |
| **Locations in Facility** | **Use Public Area / Public Restroom Observation Sheet** | **Use Patient Room Observation Sheet** | **Person Assigned to do the Audit** | **Date or Day of Week to do Surface Markings** | **Time of Day to do Surface Markings** | **Date and / or Time of Day to Measure Outcome**  **(use blacklight)** |
| Patient Room |  | X |  |  |  |  |
| Chapel | X |  |  |  |  |  |
| Dining Room | X |  |  |  |  |  |
| Lobby | X |  |  |  |  |  |
| Medication Room | X |  |  |  |  |  |
| Nurse Station | X |  |  |  |  |  |
| Public Restroom | X |  |  |  |  |  |
| Solarium | X |  |  |  |  |  |