|  |
| --- |
| **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 |   |   |   |   |   |