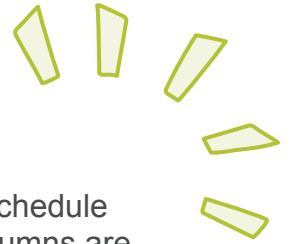
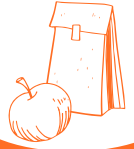


CHECKLIST OF HIGH TOUCH SURFACES



Develop a checklist specific to your school. See sample disinfecting schedule for outbreaks below. Left columns are high-touch surfaces, middle columns are frequency, and right columns are for listing staff responsible for those areas.



CLASSROOM

| <input checked="" type="checkbox"/> | ITEMS | SCHEDULE | ASSIGNED |
|-------------------------------------|---------------------------------------|----------|----------|
| <input type="checkbox"/> | Door Handle | | |
| <input type="checkbox"/> | Light Switches | | |
| <input type="checkbox"/> | Student Desks | | |
| <input type="checkbox"/> | Work Tables | | |
| <input type="checkbox"/> | Learning Aids | | |
| <input type="checkbox"/> | Pencil Sharpener | | |
| <input type="checkbox"/> | Computer Keyboards, Mouse, Track Pads | | |
| <input type="checkbox"/> | Hand Sanitizer Bottles | | |
| <input type="checkbox"/> | Faucets | | |
| <input type="checkbox"/> | Childrens Toys | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |

LUNCHROOM

| <input checked="" type="checkbox"/> | ITEMS | SCHEDULE | ASSIGNED |
|-------------------------------------|----------------------|----------|----------|
| <input type="checkbox"/> | Tabletops | | |
| <input type="checkbox"/> | Chair Arms | | |
| <input type="checkbox"/> | Rails, Tray Counters | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |



HALLWAYS

| <input checked="" type="checkbox"/> | ITEMS | SCHEDULE | ASSIGNED |
|-------------------------------------|------------------------------|----------|----------|
| <input type="checkbox"/> | Door Handles | | |
| <input type="checkbox"/> | Hand Sanitizer Dispensers | | |
| <input type="checkbox"/> | Water Fountains & Dispensers | | |
| <input type="checkbox"/> | Stairway Handrails | | |
| <input type="checkbox"/> | Elevator Buttons | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |



BUS

| <input checked="" type="checkbox"/> | ITEMS | SCHEDULE | ASSIGNED |
|-------------------------------------|----------|----------|----------|
| <input type="checkbox"/> | Handles | | |
| <input type="checkbox"/> | Seatback | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |



CHECKLIST OF HIGH TOUCH SURFACES CONTINUED



| LIBRARY | | | |
|-------------------------------------|--|----------|----------|
| <input checked="" type="checkbox"/> | ITEMS | SCHEDULE | ASSIGNED |
| <input type="checkbox"/> | Worktables | | |
| <input type="checkbox"/> | Pencil Sharpener | | |
| <input type="checkbox"/> | Computer Keyboards, Mouse, Trackpads | | |
| <input type="checkbox"/> | Telephone Headsets and Buttons | | |
| <input type="checkbox"/> | Hands-on Training Aids | | |
| <input type="checkbox"/> | Copier Lid & Control Panel | | |
| <input type="checkbox"/> | File Cabinet & Drawer Pulls | | |
| <input type="checkbox"/> | Reading Mats/ Common area should be specified | | |
| <input type="checkbox"/> | Faucets | | |
| <input type="checkbox"/> | Childrens Toys | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |



| GYMS | | | |
|-------------------------------------|----------------|----------|----------|
| <input checked="" type="checkbox"/> | ITEMS | SCHEDULE | ASSIGNED |
| <input type="checkbox"/> | Lift Equipment | | |
| <input type="checkbox"/> | Wrestling Mats | | |
| <input type="checkbox"/> | Balls | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |



| BATHROOMS/ SHOWERS /LOCKER ROOMS | | | |
|---|----------------|----------|----------|
| <input checked="" type="checkbox"/> | ITEMS | SCHEDULE | ASSIGNED |
| <input type="checkbox"/> | Door Handles | | |
| <input type="checkbox"/> | Light Switches | | |
| <input type="checkbox"/> | Lockers | | |
| <input type="checkbox"/> | Showers | | |
| <input type="checkbox"/> | Benches | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |



| HEALTH OFFICE | | | |
|-------------------------------------|--|----------|----------|
| <input checked="" type="checkbox"/> | ITEMS | SCHEDULE | ASSIGNED |
| <input type="checkbox"/> | Door Handles | | |
| <input type="checkbox"/> | Light Switches | | |
| <input type="checkbox"/> | Chairs | | |
| <input type="checkbox"/> | Worktables/ surfaces | | |
| <input type="checkbox"/> | Computer keyboards, mouse, track pads | | |
| <input type="checkbox"/> | Hand Sanitizer Bottles/Dispensers | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |