Environmental Checklist for Monitoring Cleaning[1]

Cleaning Type ☐ **Terminal Cleaning** ☐ **Daily Cleaning**

Date:	Auditor:
Unit:	
Room Number:	
Initials of ES staff (optional):[2]	

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces[3]	Tracer	No Tracer	Item Not Present in Room
Bed rails / controls			
Tray table			
IV pole (grab area)			
TV Remote			
Call box / button			
Night Stand Top			
Nurse Server Counter Top			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			

Indicate the monitoring method used:

☐ Direct observation   ☐ Fluorescent gel
☐ Swab cultures   ☐ Agar slide cultures

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[1]Selection of detergents and disinfectants should be according to institutional policies and procedures
[2]Identifiers of individual environmental services staff for feedback purposes.
[3]Sites most frequently contaminated and touched by patients and/or healthcare workers

* Source: Centers for Disease Control & Prevention