

Terminal Cleaning Checklist

Date:	
Unit and Room Number	
EVS Staff Name:	
EVS Supervisor:	
Auditor's Name:	

PRIORITY HIGH TOUCH ENVIRONMENTAL SURFACES	COMPLIANCE			COMMENTS
	YES	NO	N/A	
Bed Rails				
Bed Controls				
Over Bed Table				
IV Pole (grab area)				
Call Bell (including cord)				
Telephone				
Bedside Table				
Visitor Chair(s)				
Patient Room Sink				
Room Light Switch				
Door Knob (front and back of door)				
Bathroom Door Knob (front and back)				
Bathroom Light Switch				
Bathroom Handrails				
Bathroom Sink				
Toilet Seat				
Toilet Flush Handle				

COMMENTS:



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PRIORITY HIGH TOUCH MEDICAL DEVICE & PATIENT CARE DEVICE SURFACES	COMPLIANCE			COMMENTS
	YES	NO	N/A	
IV Pump Control				
Ventilator Control Panel				
Multi-Module Monitor Controls				
Multi-Module Monitor Touch Screen				
Multi-Module Monitor Cables				
BP Cuff				
Oxygen Supply Station				
Pulse Oximeter				
Commode				
Patient Wheel Chair or Walker				

COMMENTS:

COMPLIANCE SCORE				
Total Number of "Yes"				
Total Number of "No"				
Total Number of "Yes" and "No", exclude "N/A"				
				COMPLIANCE SCORE

