



Cleaning Validation Patient Room Audit Form

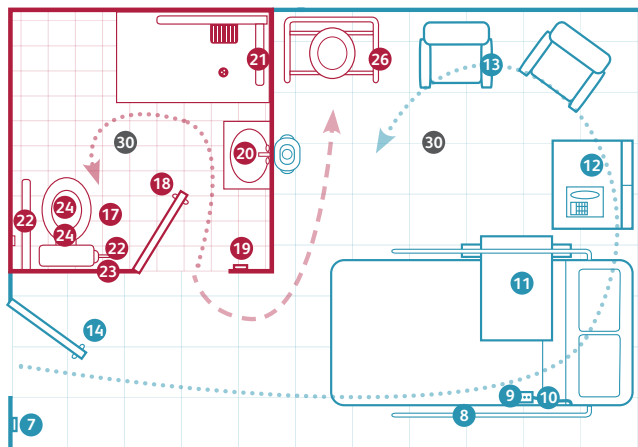
Date: _____

Auditor: _____

Wing/Ward: _____

Room #: _____

Employee: _____



Fluorescent Spray
Check the boxes below to indicate surfaces marked with Fluorescent Spray

Area	Step	Surface	Marked	Removal	
				Not Removed	Removed
Patient Care Area	8	Bed Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9	Bed Control Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	Call Button and TV Remote Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11	Over-Bed Patient Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12	Bedside Cabinet, Table, Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13	Patient and Visitor Chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room Entrance Surfaces	7	Room Light Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14	Room Door and Handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom Area	18	Door and Handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	19	Light Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20	Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	22	Toilet Flush Handle, Hand Rails, Bedpan Spray and Grab Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	23	Wall Area around Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24	Toilet Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	26	Portable Commode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

If questions, please contact your supervisor.