

Between Patient Cleaning Check List At Cedar Therapeutics	Date Completed	
	Time Completed	
Therapist:		

Commonly touched items disinfected between every client, and all other used spaces cleaned at least twice a day, and/or after use.

Treatment Room

Reception Area

Hard Surfaces Disinfected		Hard Surfaces Disinfected	
<input type="checkbox"/>	Massage table, head rest, arm rests	<input type="checkbox"/>	Main door, interior/exterior doorknobs
<input type="checkbox"/>	Vinyl covered pillows and bolsters	<input type="checkbox"/>	Table and shelf surfaces
<input type="checkbox"/>	Massage table legs and levers	<input type="checkbox"/>	Vacuum common area, tx room at least once daily
<input type="checkbox"/>	Stool and chair	<input type="checkbox"/>	Laptop/cell phone/debit machine/thermometer
<input type="checkbox"/>	Bins for patient items	<input type="checkbox"/>	Patient chair, staff chair
<input type="checkbox"/>	Top of shelves, dressers, cabinets, sink	<input type="checkbox"/>	Outside gate latch and string
<input type="checkbox"/>	Wall shelves		On Person
<input type="checkbox"/>	Clinic room door, interior/exterior doorknobs	<input type="checkbox"/>	Apron / Shirt changed
<input type="checkbox"/>	Oil / lotion containers	<input type="checkbox"/>	New facemask donned
<input type="checkbox"/>	Table warmer control	<input type="checkbox"/>	Face shield, glasses changed/ disinfected
<input type="checkbox"/>	Heater and/or light switch if used		Laundry Room/Staff Room After Use
<input type="checkbox"/>	Any work out equipment if used	<input type="checkbox"/>	Staff desk, top of freezer and chairs
New Clean Linens Provided		<input type="checkbox"/>	Microwave, fridge doors, kettle, coffee maker
<input type="checkbox"/>	Table sheets	<input type="checkbox"/>	Wipe down washer/dryer if used
<input type="checkbox"/>	Head rest covers	<input type="checkbox"/>	Fax machine/ printer if used
<input type="checkbox"/>	Fresh hand towels	<input type="checkbox"/>	Laundry basket lid
<input type="checkbox"/>	Blanket if used	<input type="checkbox"/>	Door knobs

Restroom

Was the restroom used by previous patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Hard Surfaces Disinfected	
<input type="checkbox"/>	Bathroom door, interior/exterior doorknobs
<input type="checkbox"/>	Light switches
<input type="checkbox"/>	Faucet handles, sink, toilet lever
<input type="checkbox"/>	Toilet once a day
Supplies Checked and/or Restocked	
<input type="checkbox"/>	Soap
<input type="checkbox"/>	Sanitizer
<input type="checkbox"/>	Fresh hand towels
<input type="checkbox"/>	Toilet paper
<input type="checkbox"/>	Empty washroom wash cloths into laundry room hamper

Other

<input type="checkbox"/>	Shampoo carpets at end of every even number month
<input type="checkbox"/>	Clean out fridge at the end of each month
<input type="checkbox"/>	Mopping entrance, laundry room, washroom, space outside of washroom once weekly