**Cleaning Schedule**

**Room Function: Clinical Room**

|  |  |  |  |  |  |  |  |  |  |  |
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|  | **Question** | | **Guidance** | **Mon** | **Tue** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
| 1 | Is the environment visibly clean? | Check and clean walls, windows, ceilings, fans and lights. fittings are free from dust/debris/insects etc. | |  |  |  |  |  |  |  |
| 2 | Is the environment free from any visible damage? | Check for report flaking paint, damaged walls/ceilings/window frames and surfaces. | |  |  |  |  |  |  |  |
| 3 | Is the furniture visibly clean and in good state of repair? | Check and clean the furniture, especially the underside chairs /couches. | |  |  |  |  |  |  |  |
| 4 | Are all surfaces smooth, impervious (for easy cleaning) and with coved edges? | Check and clean all surfaces. | |  |  |  |  |  |  |  |
| 5 | Is the floor visibly clean and in good state of repair? | Check and clean the edges and corners. | |  |  |  |  |  |  |  |
| 6 | Is the hand wash basin visibly clean and in good state of repair? | Check and clean plugholes and overflows. Remove limescale. | |  |  |  |  |  |  |  |
| 7 | Is the soap dispenser visibly clean? | Check and clean the nozzle for build-up of soap and debris. | |  |  |  |  |  |  |  |
| 8 | Is the paper towel dispenser visibly clean? | Check and clean the underside of dispenser. | |  |  |  |  |  |  |  |
| 9 | Is the domestic waste bin visibly clean, including lid and pedal? | Check bins and clean externally and internally. | |  |  |  |  |  |  |  |
| 10 | Are dressing trolley/trays visibly clean? | Check and clean top and underneath. | |  |  |  |  |  |  |  |
| 11 | Are all cupboards visibly clean? | Check and clean cupboards. | |  |  |  |  |  |  |  |
| 12 | Are all sharps bins stored safely and signed for in accordance with local policy. | Check. | |  |  |  |  |  |  |  |