



## Facility Disinfectant Checklist

This listed is not all inclusive and should be updated to meet the needs of your own site.

Please return this form to \_\_\_\_\_ after your disinfecting tasks are completed.

Site name: \_\_\_\_\_ Team member: \_\_\_\_\_

Date: \_\_\_\_\_

### Building Services Area:

- |   |   |
|---|---|
| <input type="checkbox"/> Men's Commons Restroom         | <input type="checkbox"/> Corridors                            |
| <input type="checkbox"/> Commons/Lunch Room             | <input type="checkbox"/> Men's Locker Room                    |
| <input type="checkbox"/> Shop Area                      | <input type="checkbox"/> Stairways                            |
| <input type="checkbox"/> Women's Commons Restroom       | <input type="checkbox"/> Janitors Closets                     |
| <input type="checkbox"/> Faculty Break Room             | <input type="checkbox"/> Women's Locker Room                  |
| <input type="checkbox"/> Office Area                    | <input type="checkbox"/> Vestibules                           |
| <input type="checkbox"/> Men's Academic Wing Restroom   | <input type="checkbox"/> Gym/Weight Room                      |
| <input type="checkbox"/> Classroom Room # _____         | <input type="checkbox"/> Other Area ( <i>describe below</i> ) |
| <input type="checkbox"/> Vehicles                       | _____   |
| <input type="checkbox"/> Women's Academic Wing Restroom | _____   |
| <input type="checkbox"/> Shop Area                      | _____   |

### Items Disinfected:

- |   |  |
|---|--|
| <input type="checkbox"/> Door knobs or handles                      | <input type="checkbox"/> Counters  |
| <input type="checkbox"/> Light switches and cover plates            | <input type="checkbox"/> Desks   |
| <input type="checkbox"/> Refrigerator door handles                  | <input type="checkbox"/> Lockers   |
| <input type="checkbox"/> Microwave door handles and buttons/keypads | <input type="checkbox"/> Exercise equipment  |
| <input type="checkbox"/> Table tops                                 | <input type="checkbox"/> Computer keyboard and mice (do NOT spray equipment directly with liquids) |
| <input type="checkbox"/> Vending machine buttons                    | <input type="checkbox"/> List and describe other items:  |
| <input type="checkbox"/> Drinking fountain                          | _____  |
| <input type="checkbox"/> Handrails                                  | _____  |
| <input type="checkbox"/> Time clock buttons                         | _____  |
| <input type="checkbox"/> Telephones                                 |  |

Time Spent (minutes): \_\_\_\_\_

Team Member Signature: \_\_\_\_\_