|  |  |  |
| --- | --- | --- |
| Between Patient Cleaning Check List | Date Completed |  |
| Time Completed |  |

**Treatment Room**

|  |  |
| --- | --- |
| Hard Surfaces Disinfected | |
|  | Massage table, head rest and head of table slip |
|  | Vinyl covered pillows and bolsters |
|  | Massage table legs and levers |
|  | Stool and chair |
|  | Table and shelve surfaces |
|  | Top of shelves |
|  | Windowsill |
|  | Clinic room door, interior/exterior doorknobs |
|  | Light switch |
|  | Oil / lotion containers |
| New Clean Linens Provided | |
|  | Curtain |
|  | Table sheets and blanket |
|  | Head rest cover |
|  | Head wrap / Towel |

**Reception Area**

|  |  |
| --- | --- |
| Hard Surfaces Disinfected | |
|  | Main door, interior/exterior doorknobs |
|  | Light switches |
|  | Table and shelve surfaces |

**Restroom**

|  |  |  |
| --- | --- | --- |
| Was the restroom used by previous patient? | Yes | No |

|  |  |
| --- | --- |
| Hard Surfaces Disinfected | |
|  | Bathroom door, interior/exterior doorknobs |
|  | Light switches |
|  | Faucet handles |
| Supplies Checked and/or Restocked | |
|  | Soap |
|  | Paper towels |
|  | Toilet paper |

**Therapist**

|  |  |
| --- | --- |
| Hard Surfaces Disinfected | |
|  | Laptop / Cell phone |
| On Person | |
|  | Apron / Shirt changed |
|  | New facemask donned |
|  | Face shield changed/ disinfected |