|  |  |  |
| --- | --- | --- |
| 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 |