Date:

**\_\_\_\_\_\_\_\_hospital**

**Daily Cleanliness Checklist**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Particulars** | **Yes/No** | **Remarks** | **Signature** |
|  | OPD & Waiting Area |  |  |  |
|  | Doctors Chamber |  |  |  |
|  | Toilets |  |  |  |
|  | Store |  |  |  |
|  | pharmacy |  |  |  |

**Checklist for Toilet**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Floor Mopped | **Days** | **8:00 am** | **12:00pm** | **4:00pm** | **10:00pm** | **Remark** | **Sign** |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |
| Availability of Water /soap Checked | Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |

**Checklist for DOCTOR’S chamber**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Floor Mopped | Date | 8:00 am | 12:00pm | 4:00pm | 10:00pm | Remark | Sign |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |
| Availability of Water /soap Checked | Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |

**Checklist for hospital premises**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Floor Mopped | Date | 8:00 am | 12:00pm | 4:00pm | 10:00pm | Remark | Sign |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |
| Availability of Water Checked | Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |

**Checklist for general ward/private rooms**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Floor Mopped | Date | 8:00 am | 12:00pm | 6:00pm | 10:00pm | Remark | Sign |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |
| Availability of Water /soap Checked | Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |
| Bedsheets |  |  |  |  |  |  |  |
| Dustbins |  |  |  |  |  |  |  |
| Nursing Station Clean |  |  |  |  |  |  |  |
| Drinking water |  |  |  |  |  |  |  |