### horizontal line**Clinic Housekeeping Checklist**

#### **General Information**

* **Date:** [Insert Date]
* **Clinic Name:** [Insert Clinic Name]
* **Room/Section:** [Insert Room/Section]
* **Housekeeper Name:** [Insert Name]

#### **Checklist Categories**

#### **1. Waiting Room**

* Dust furniture and sanitize chairs
* Vacuum or mop floors
* Clean windows and counters
* Empty trash bins

#### **2. Examination Rooms**

* Sanitize examination tables and equipment
* Disinfect doorknobs and light switches
* Replace disposable covers and supplies
* Mop or sweep floors

#### **3. Restrooms**

* Clean and disinfect toilets and sinks
* Restock toilet paper, soap, and paper towels
* Empty trash bins
* Mop restroom floors

#### **4. Medical Areas**

* Sanitize high-touch surfaces (e.g., counters, tools)
* Restock medical supplies
* Remove biohazard waste appropriately
* Clean and organize storage areas

#### **Additional Notes**

[Insert any additional notes or instructions here]

#### **Signatures**

* **Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_
* **Supervisor Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_