

Between Patient Cleaning Check List	Date Completed	
	Time Completed	

Treatment Room

Hard Surfaces Disinfected	
<input type="checkbox"/>	Massage table, head rest
<input type="checkbox"/>	Vinyl covered pillows and bolsters
<input type="checkbox"/>	Massage table legs and levers
<input type="checkbox"/>	Stool and chair
<input type="checkbox"/>	Table and shelf surfaces
<input type="checkbox"/>	Windowsill
<input type="checkbox"/>	Clinic room door, interior/exterior doorknobs
<input type="checkbox"/>	Light switch
<input type="checkbox"/>	Oil / lotion containers
New Clean Linens Provided	
<input type="checkbox"/>	Table sheets and blanket
<input type="checkbox"/>	Pillow Cases
<input type="checkbox"/>	Head rest cover
<input type="checkbox"/>	Head wrap / Towel

Reception Area

Hard Surfaces Disinfected	
<input type="checkbox"/>	Main door, interior/exterior doorknobs
<input type="checkbox"/>	Light switches
<input type="checkbox"/>	Table and shelf surfaces

Restroom

Was the restroom used by previous patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Hard Surfaces Disinfected	
<input type="checkbox"/>	Bathroom door, interior/exterior doorknobs
<input type="checkbox"/>	Light switches
<input type="checkbox"/>	Faucet handles
Supplies Checked and/or Restocked	
<input type="checkbox"/>	Soap
<input type="checkbox"/>	Paper towels
<input type="checkbox"/>	Toilet paper

Therapist

Hard Surfaces Disinfected	
<input type="checkbox"/>	Laptop / Cell phone
On Person	
<input type="checkbox"/>	Apron / Shirt changed
<input type="checkbox"/>	New facemask donned