



## Equipment Cleaning Schedule

Site: _____		Unit: _____		Month: _____		
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>Daily:</b> <input type="checkbox"/> Side rails <input type="checkbox"/> Call bell <input type="checkbox"/> Chair <input type="checkbox"/> Bedside table <input type="checkbox"/> Over bed table <input type="checkbox"/> Tub room <input type="checkbox"/> Wheelchairs <input type="checkbox"/> Commodes <input type="checkbox"/> Computer keyboard, mouse <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic thermometer <input type="checkbox"/> Pumps <input type="checkbox"/> Lift machine <input type="checkbox"/> TED stockings	<b>Daily:</b> <input type="checkbox"/> Side rails <input type="checkbox"/> Call bell <input type="checkbox"/> Chair <input type="checkbox"/> Bedside table <input type="checkbox"/> Over bed table <input type="checkbox"/> Tub room <input type="checkbox"/> Wheelchairs <input type="checkbox"/> Commodes <input type="checkbox"/> Computer keyboard, mouse <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic thermometer <input type="checkbox"/> Pumps <input type="checkbox"/> Lift machine <input type="checkbox"/> TED stockings	<b>Daily:</b> <input type="checkbox"/> Side rails <input type="checkbox"/> Call bell <input type="checkbox"/> Chair <input type="checkbox"/> Bedside table <input type="checkbox"/> Over bed table <input type="checkbox"/> Tub room <input type="checkbox"/> Wheelchairs <input type="checkbox"/> Commodes <input type="checkbox"/> Computer keyboard, mouse <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic thermometer <input type="checkbox"/> Pumps <input type="checkbox"/> Lift machine <input type="checkbox"/> TED stockings	<b>Daily:</b> <input type="checkbox"/> Side rails <input type="checkbox"/> Call bell <input type="checkbox"/> Chair <input type="checkbox"/> Bedside table <input type="checkbox"/> Over bed table <input type="checkbox"/> Tub room <input type="checkbox"/> Wheelchairs <input type="checkbox"/> Commodes <input type="checkbox"/> Computer keyboard, mouse <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic thermometer <input type="checkbox"/> Pumps <input type="checkbox"/> Lift machine <input type="checkbox"/> TED stockings	<b>Daily:</b> <input type="checkbox"/> Side rails <input type="checkbox"/> Call bell <input type="checkbox"/> Chair <input type="checkbox"/> Bedside table <input type="checkbox"/> Over bed table <input type="checkbox"/> Tub room <input type="checkbox"/> Wheelchairs <input type="checkbox"/> Commodes <input type="checkbox"/> Computer keyboard, mouse <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic thermometer <input type="checkbox"/> Pumps <input type="checkbox"/> Lift machine <input type="checkbox"/> TED stockings	<b>Daily:</b> <input type="checkbox"/> Side rails <input type="checkbox"/> Call bell <input type="checkbox"/> Chair <input type="checkbox"/> Bedside table <input type="checkbox"/> Over bed table <input type="checkbox"/> Tub room <input type="checkbox"/> Wheelchairs <input type="checkbox"/> Commodes <input type="checkbox"/> Computer keyboard, mouse <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic thermometer <input type="checkbox"/> Pumps <input type="checkbox"/> Lift machine <input type="checkbox"/> TED stockings	<b>Daily:</b> <input type="checkbox"/> Side rails <input type="checkbox"/> Call bell <input type="checkbox"/> Chair <input type="checkbox"/> Bedside table <input type="checkbox"/> Over bed table <input type="checkbox"/> Tub room <input type="checkbox"/> Wheelchairs <input type="checkbox"/> Commodes <input type="checkbox"/> Computer keyboard, mouse <input type="checkbox"/> Telephone <input type="checkbox"/> Electronic thermometer <input type="checkbox"/> Pumps <input type="checkbox"/> Lift machine <input type="checkbox"/> TED stockings
Initials: _____	Initials: _____	Initials: _____	Initials: _____	Initials: _____	Initials: _____	Initials: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
<b>Weekly:</b> <input type="checkbox"/> Chart holders <input type="checkbox"/> Fridge <input type="checkbox"/> Service room <input type="checkbox"/> Ice machine <input type="checkbox"/> Medication cart <input type="checkbox"/> Resus cart <input type="checkbox"/> Scale	<b>Weekly:</b> <input type="checkbox"/> Chart holders <input type="checkbox"/> Fridge <input type="checkbox"/> Service room <input type="checkbox"/> Ice machine <input type="checkbox"/> Medication cart <input type="checkbox"/> Resus cart <input type="checkbox"/> Scale	<b>Weekly:</b> <input type="checkbox"/> Chart holders <input type="checkbox"/> Fridge <input type="checkbox"/> Service room <input type="checkbox"/> Ice machine <input type="checkbox"/> Medication cart <input type="checkbox"/> Resus cart <input type="checkbox"/> Scale	<b>Weekly:</b> <input type="checkbox"/> Chart holders <input type="checkbox"/> Fridge <input type="checkbox"/> Service room <input type="checkbox"/> Ice machine <input type="checkbox"/> Medication cart <input type="checkbox"/> Resus cart <input type="checkbox"/> Scale	<b>Weekly:</b> <input type="checkbox"/> Chart holders <input type="checkbox"/> Fridge <input type="checkbox"/> Service room <input type="checkbox"/> Ice machine <input type="checkbox"/> Medication cart <input type="checkbox"/> Resus cart <input type="checkbox"/> Scale	<b>Weekly:</b> <input type="checkbox"/> Chart holders <input type="checkbox"/> Fridge <input type="checkbox"/> Service room <input type="checkbox"/> Ice machine <input type="checkbox"/> Medication cart <input type="checkbox"/> Resus cart <input type="checkbox"/> Scale	<b>Weekly:</b> <input type="checkbox"/> Chart holders <input type="checkbox"/> Fridge <input type="checkbox"/> Service room <input type="checkbox"/> Ice machine <input type="checkbox"/> Medication cart <input type="checkbox"/> Resus cart <input type="checkbox"/> Scale
Initials: _____	Initials: _____	Initials: _____	Initials: _____	Initials: _____	Initials: _____	Initials: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

NOTE: The above is a suggested list which may vary at each site. Please contact the owner of this document if you wish to customize for your site.