



Facility Disinfectant Checklist

This listed is not all inclusive and should be updated to meet the needs of your own site.

Please return this form to _____ after your disinfecting tasks are completed.

Site name: _____ Team member: _____

Date: _____

Building Services Area:

- | | |
|---------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Men's Commons Restroom | <input type="checkbox"/> Corridors |
| <input type="checkbox"/> Commons/Lunch Room | <input type="checkbox"/> Men's Locker Room |
| <input type="checkbox"/> Shop Area | <input type="checkbox"/> Stairways |
| <input type="checkbox"/> Women's Commons Restroom | <input type="checkbox"/> Janitors Closets |
| <input type="checkbox"/> Faculty Break Room | <input type="checkbox"/> Women's Locker Room |
| <input type="checkbox"/> Office Area | <input type="checkbox"/> Vestibules |
| <input type="checkbox"/> Men's Academic Wing Restroom | <input type="checkbox"/> Gym/Weight Room |
| <input type="checkbox"/> Classroom Room # _____ | <input type="checkbox"/> Other Area (<i>describe below</i>) |
| <input type="checkbox"/> Vehicles | _____ |
| <input type="checkbox"/> Women's Academic Wing Restroom | _____ |
| <input type="checkbox"/> Shop Area | _____ |

Items Disinfected:

- | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Door knobs or handles | <input type="checkbox"/> Counters |
| <input type="checkbox"/> Light switches and cover plates | <input type="checkbox"/> Desks |
| <input type="checkbox"/> Refrigerator door handles | <input type="checkbox"/> Lockers |
| <input type="checkbox"/> Microwave door handles and buttons/keypads | <input type="checkbox"/> Exercise equipment |
| <input type="checkbox"/> Table tops | <input type="checkbox"/> Computer keyboard and mice (do NOT spray equipment directly with liquids) |
| <input type="checkbox"/> Vending machine buttons | <input type="checkbox"/> List and describe other items: |
| <input type="checkbox"/> Drinking fountain | _____ |
| <input type="checkbox"/> Handrails | _____ |
| <input type="checkbox"/> Time clock buttons | _____ |
| <input type="checkbox"/> Telephones | |

Time Spent (minutes): _____

Team Member Signature: _____