

# OFFICE CLEANING SCHEDULE

## Facility Cleaning

<input type="checkbox"/> Occurs Daily by:	
<input type="checkbox"/> Occurs Weekly by:	
Solutions Used:	
Includes:	<input type="checkbox"/> Floors
	<input type="checkbox"/> Exam Tables
	<input type="checkbox"/> Restrooms
	<input type="checkbox"/> Furniture
	<input type="checkbox"/> Dusting entire office

## Exam Room/Patient Restroom(if in office) Daily Cleaning:

Solution Used:	
End of Day by:	
As needed during day by	

## Biohazardous Spill during Office Hours

Assigned Person: \_\_\_\_\_

Uses only the Personnel Protection Kit(Spill or Infection control kit)  
Places materials in Red Biohazard bag and places in the biohazard storage container.