



CHECKLIST RECEPTION

Cleaning and disinfection



	TO CLEAN	TO DISINFECT	MONDAY CHECK BY (INITIALS)	TUESDAY CHECK BY (INITIALS)	WEDNESDAY CHECK BY (INITIALS)	THURSDAY CHECK BY (INITIALS)	FRIDAY CHECK BY (INITIALS)	SATURDAY CHECK BY (INITIALS)	SUNDAY CHECK BY (INITIALS)	WEEK NUMBER:
EVERY DAY (CHECKLIST PER OBJECT)										DATE:
TABLES	X	X								FINAL CHECK BY (INITIALS)
TOUCH SCREENS	X	X								
TELEPHONE	X	X								
BELL	X	X								
MIRRORS	X									
WEEKLY (CHECKLIST PER OBJECT)										FINAL CHECK BY (INITIALS)
MIRRORS	X									
ELEVATOR	X	X								
REGULARLY/ PERIODICALLY (CHECKLIST PER OBJECT)										FINAL CHECK BY (INITIALS)
WINDOWS	X									
END OF DAY (CHECKLIST PER OBJECT)										FINAL CHECK BY (INITIALS)
FLOORS	X									
CLEAN & REFILL END OF DAY (CHECKLIST PER OBJECT)										FINAL CHECK BY (INITIALS)
HAND SANITIZER DISPENSER	X	X								