Facility Disinfectant Checklist

This list 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:

__ Men’s Commons Restroom          __ Corridors
__ Commons/Lunch Room
__ Shop Area
__ Women’s Commons Restroom
__ Faculty Break Room
__ Office Area
__ Men’s Academic Wing Restroom
__ Classroom Room # ____
__ Vehicles
__ Women’s Academic Wing Restroom
__ Shop Area
_________________________________
_________________________________
_________________________________

Items Disinfected:

__ Door knobs or handles          __ Counters
__ Light switches and cover plates
__ Refrigerator door handles
__ Microwave door handles and
buttons/keypads
__ Table tops
__ Vending machine buttons
__ Drinking fountain
__ Handrails
__ Time clock buttons
__ Telephones

__ Counters
__ Desks
__ Lockers
__ Exercise equipment
__ Computer keyboard and mice (do NOT spray equipment directly with liquids)
__ List and describe other items:
_________________________________
_________________________________
_________________________________

Time Spent (minutes): _________

Team Member Signature: ____________________________________________

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