Weekly Room Cleaning Checklist

Turn this checklist at the end of each shift to the Administrator.
This form should be completed for every room cleaned.

___ Light dusting including: bathroom light fixtures, vents, window ledges, blinds and baseboards
___ Empty trash from bathroom(s), bedroom(s) and kitchen (under sinks)
___ Wipe/Disinfect Counters and shelves in kitchen area and bathroom(s)
___ Sweep, Mop and disinfect kitchen/Bathroom floor
___ Clean/Disinfect shower including shower mats & shower chairs
___ Clean/Disinfect toilet, toilet risers, commodes, urinals
___ Clean mirror
___ Clean/disinfect sink Bathroom and Kitchen
___ Wipe down appliances, refrigerators, microwaves, toasters etc.
___ Clean/Disinfect handrails, grab bars, door knobs/handles, fixtures & towel racks
___ Vacuum apartment and hallway entrance to apartment
   (including around baseboards & back of doors)
___ Change Linens
___ Wipe down walkers, wheelchairs, scooters

Areas that need Maintenance or deep cleaning attention
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Room # ________________

Staff member signature ____________________________ Date ___________________________

Supervisor signature _______________________________ Date___________________________