Infection Prevention and Control Log Sample

Staff Member Name: _____

Date: _____ Sheet: ____ of ____

Surface/Item	**Time Cleaned/Changed**									
Bathroom										
Light Switches										
Door knobs										
Oil Bottle										
Stool										
Massage Table										
Face Cradle										
Linens										
Pillows										
Blankets										

Item of PPE	**Time Changed/Given**									
(Ex. Surgical mask)										
(Ex. Mask for patient)										