




UV Marking Log
RESIDENT ROOM



Date _____

	High-touch Room Surfaces	UV Marker Placement Time	UV Marker Status (circle one)		Housekeeper Name / Notes
			24 Hour Read	24 Read Time	
Room #: _____	Head/Footboard <input type="checkbox"/>	___:___ AM / PM	Complete Clean Partial Clean Not Clean	___:___ AM / PM	
Room #: _____	Remotes <input type="checkbox"/>	___:___ AM / PM	Complete Clean Partial Clean Not Clean	___:___ AM / PM	
Room #: _____	Over Bed Table <input type="checkbox"/>	___:___ AM / PM	Complete Clean Partial Clean Not Clean	___:___ AM / PM	
Room #: _____	Nightstand <input type="checkbox"/>	___:___ AM / PM	Complete Clean Partial Clean Not Clean	___:___ AM / PM	
Room #: _____	Bathroom Handrail <input type="checkbox"/>	___:___ AM / PM	Complete Clean Partial Clean Not Clean	___:___ AM / PM	

Not Clean 	Partial Clean 	Completely Clean 
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High-touch Common Object (Name)	UV Marker Placement	UV Marker Status (circle one)		Housekeeper Name / Notes
	Time	24 Hour Read	24 Read Time	
	___:___ AM / PM	Complete Clean Partial Clean Not Clean	___:___ AM / PM	
	___:___ AM / PM	Complete Clean Partial Clean Not Clean	___:___ AM / PM	
	___:___ AM / PM	Complete Clean Partial Clean Not Clean	___:___ AM / PM	
	___:___ AM / PM	Complete Clean Partial Clean Not Clean	___:___ AM / PM	

Common Object Examples:

- | | | | |
|-----------------------------|-------------------------|--------------------|--------------------|
| 1. Nurse Station Countertop | 4. Therapy Bike Handle | 7. Shower Handrail | 10. Med Cart |
| 2. Nurse Station Handrail | 5. Dining Table Top | 8. Shower Chair | 11. Hoyer Lift |
| 3. Therapy Room Bed | 6. Dining Chair Armrest | 9. Weight Scale | 12. Patient Walker |

