



## Preventing COVID-19 in Nursing Homes Housekeeping Skills Assessment Log

\_\_\_\_\_  
Last Name, First Name  
**Observer**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Observation

\_\_\_\_\_  
Last Name, First Name  
**Housekeeper (1x a week)**

\_\_\_\_\_  
Room # / Area

### Resident Room Cleaning

Object	Cleaned		Notes
Light Switch	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Door Handle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Footboard and Headboard	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Remote (TV, call button)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Over Bed Table	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Nightstand	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Guest Chair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Resident Bathroom Cleaning

Object	Cleaned		Notes
Light Switch	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Door Handle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sink	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dispensers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wall Handrails	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Toilet Flush Handle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Toilet Seat / Chair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Complete at least once weekly. See "Protocol – Housekeeping Observations" for more information.



## Preventing COVID-19 in Nursing Homes Housekeeping Observed Skills Assessment

\_\_\_\_\_  
**Last Name, First Name**  
**Observer**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date of Observation**

\_\_\_\_\_  
**Last Name, First Name**  
**Housekeeper (1x a week)**

\_\_\_\_\_  
**Room # / Area**

### Common Area

Object	Cleaned		Notes
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Complete at least once weekly. See "Protocol – Housekeeping Observations" for more information.**