**RESIDENT ROOM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **High-touch Room Surfaces** | **UV Marker Placement** | **UV Marker Status (circle one)** |  | **Housekeeper Name / Notes** |
| **Time** | **24 Hour Read** | **24 Read Time** |
| **Room #:** | Head/Footboard □  |   |  \_:  | AM / | PM | Complete Clean Partial CleanNot Clean |  \_:  | AM / | PM |  |
| **Room #:****\_\_\_\_\_\_\_\_** | Remotes □ |   |  \_:  | AM / | PM | Complete CleanPartial Clean Not Clean |  \_:  | AM / | PM |  |
| **Room #:** | Over Bed Table □ |   |  \_:  | AM / | PM | Complete Clean Partial CleanNot Clean |  \_:  | AM / | PM |  |
| **Room #:** **\_\_\_\_\_\_\_\_** | Nightstand □  |   |  \_:  | AM / | PM | Complete Clean Partial CleanNot Clean |  \_:  | AM / | PM |  |
| **Room #:** | Bathroom Handrail □ |   |  \_:  | AM / | PM | Complete Clean Partial CleanNot Clean |  \_:  | AM / | PM |  |

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| **Not Clean** | **Partial Clean** | **Completely Clean** |

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 **COMMON AREA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 CleanNot Clean |  \_:  | AM / |  PM |  |
|  |  |  |  |  |  |  |  |  \_:  | AM / |  PM | Complete Clean Partial CleanNot Clean |  \_:  | AM / |  PM |  |
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**Common Object Examples:**

3. Therapy Room Bed

6. Dining Chair Armrest

9. Weight Scale

12. Patient Walker

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Nurse Station Countertop | 4. Therapy Bike Handle | 7. Shower Handrail | 10. Med Cart Handle |  |
| 2. Nurse Station Handrail | 5. Dining Table Top | 8. Shower Chair | 11. Hoyer Lift |  |

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| **Not Clean** | **Partial Clean** | **Completely Clean** |

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