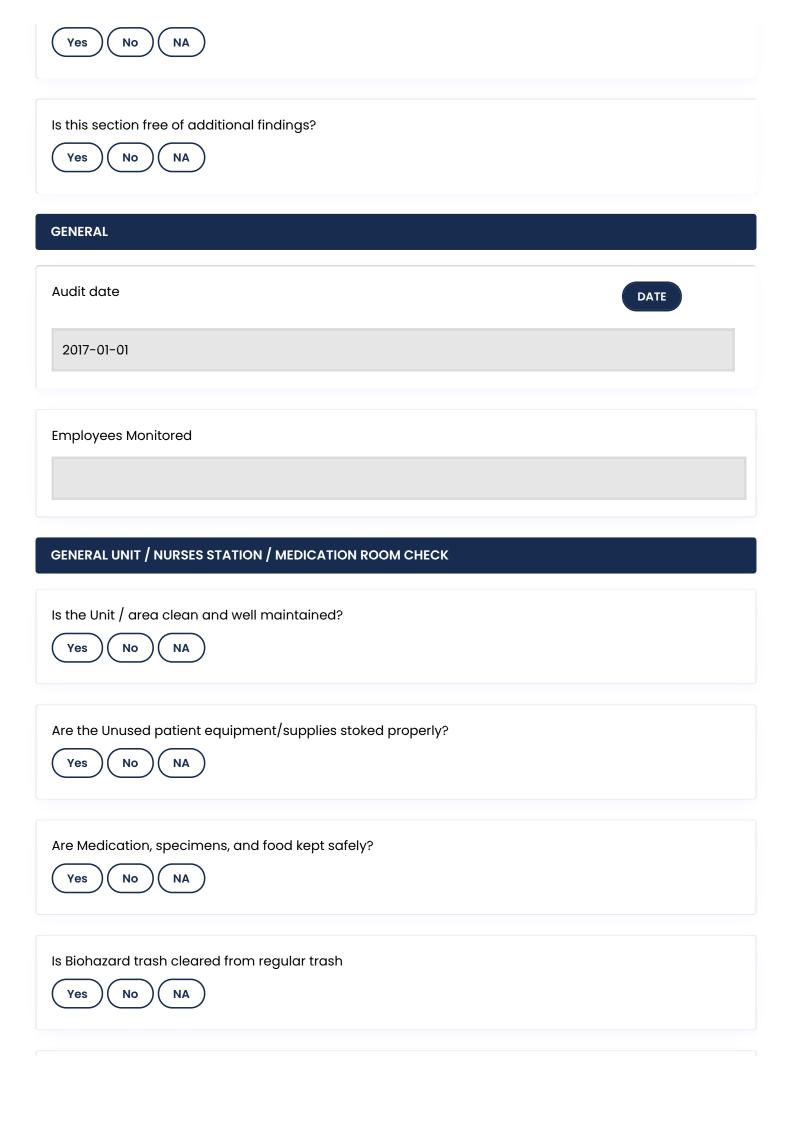
Hospital Hygiene &SOP Checklist

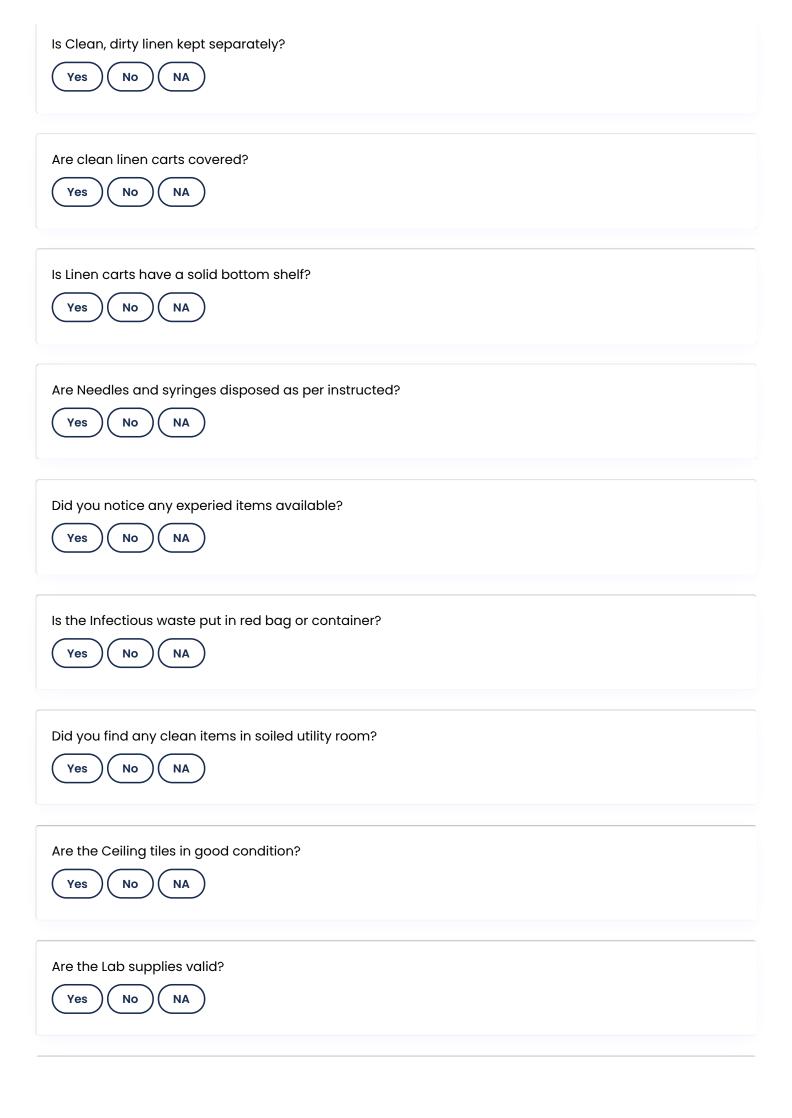
Health Services

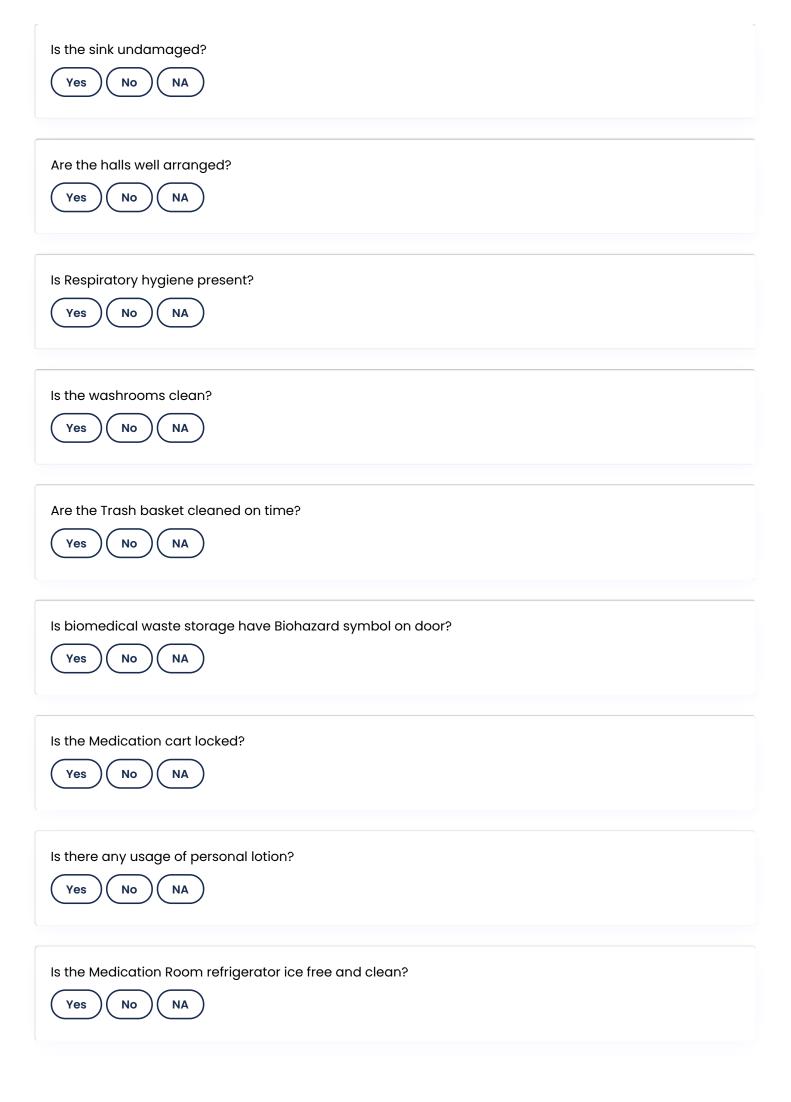
CLEANLINESS Is clean linen cart covered? Yes No NA Is Clean linen cart has solid surface? No Yes NA Is the Sink storage area clear and clean? No NA Yes Are Thrash cans or waste basket clean? Yes No NA Are Ceiling tiles dry? Are the floors clean? Yes No Are Air intake vents and diffusers clean? Yes No

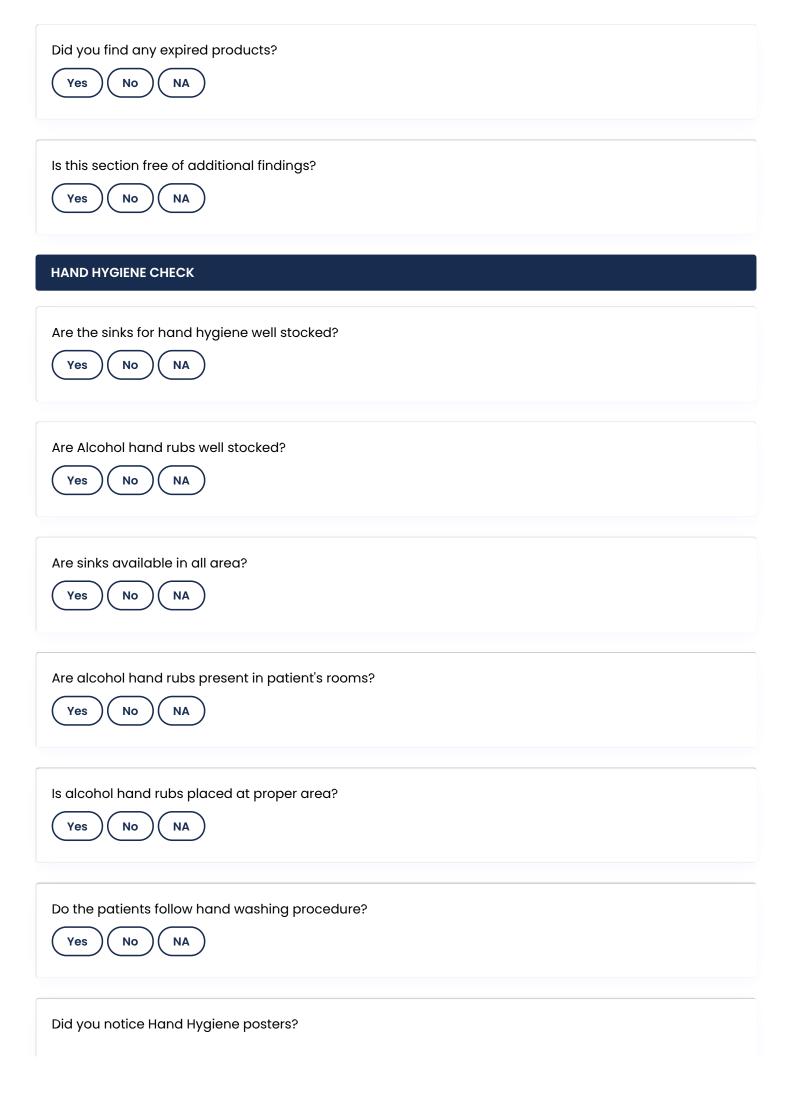
Is this section free of additional findings?

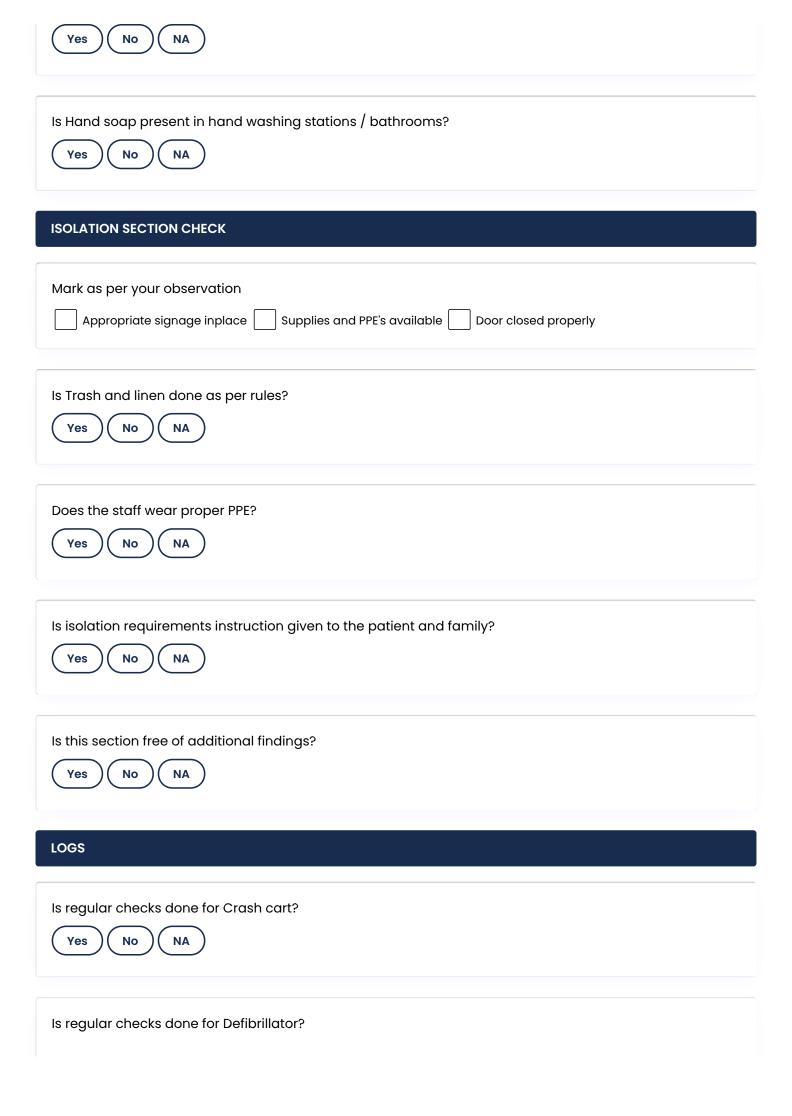
Yes No NA
EMPLOYEE GENERAL KNOWLEDGE CHECK
Is the blood exposure procedure known to the staff? Yes No NA
Please mark which of the options the personnel can locate. Infection Control Manual Exposure Control Plan Blood spill kit Spill kit for Cidex
Can the staff inform the WHO's 5 moments of Hand Hygiene? Yes No NA
Did you notice any dust in high places? Yes No NA
Is this section free of additional findings? Yes No NA
EMPLOYEE KITCHEN / BREAKROOM CHECK
Which of the following was clean and well maintained? Floors and walls Horizontal and vertical surfaces Microwave oven Refrigerator and thawed of ice Under sink Ice machine
Is Employee food labeled and dated accordingly? Yes No NA
In case of temperature out of range are necessary steps taken of?

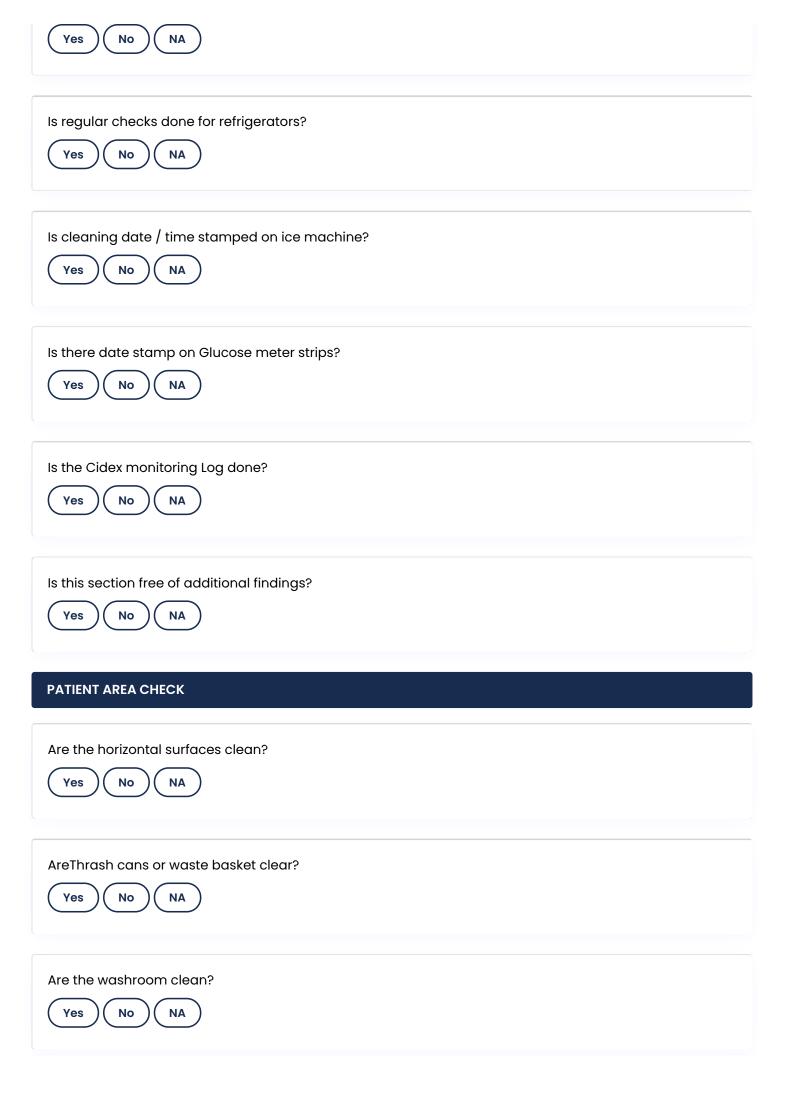


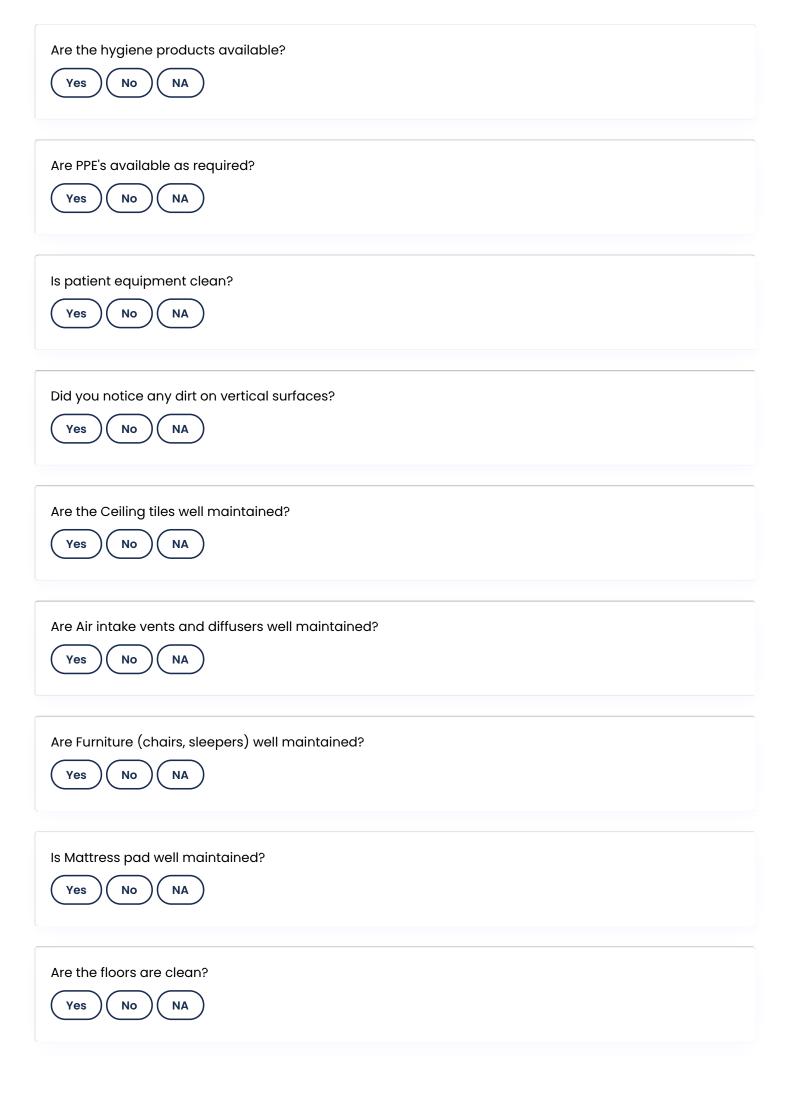




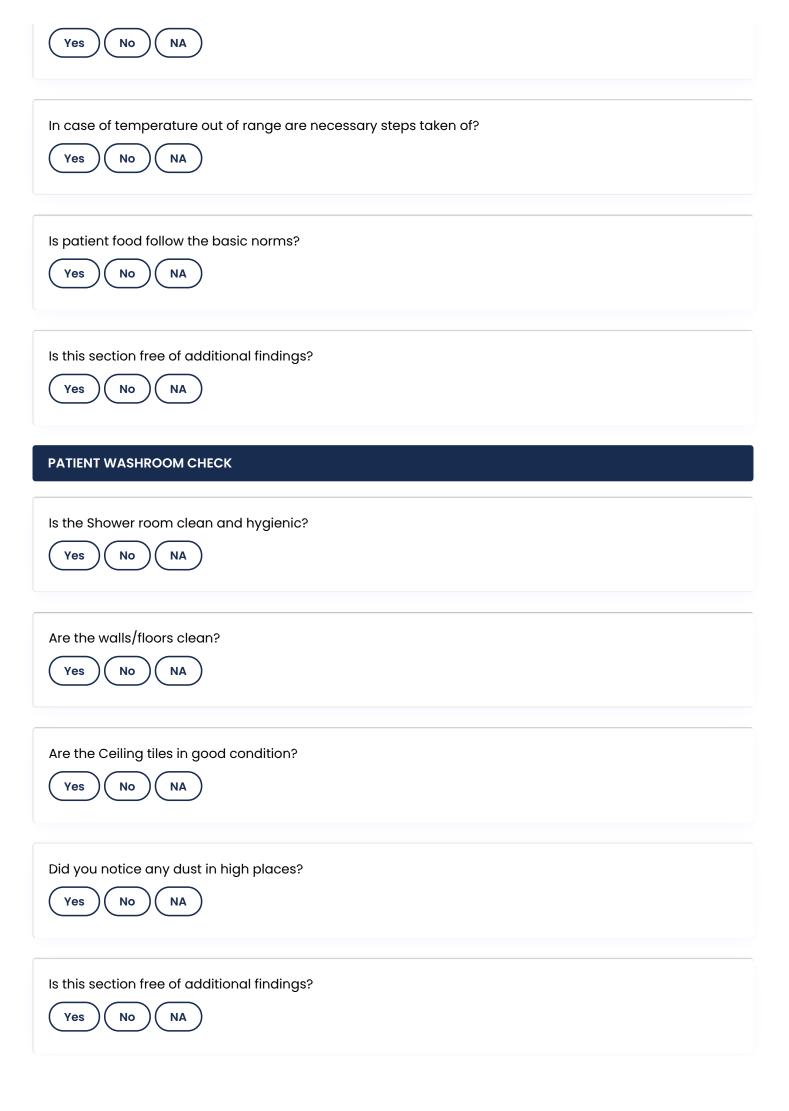








Are Foley catheters well kept? Yes No NA
Are IV pumps and poles, feeding pumps well maintained? Yes No NA
Did you notice any pest? Yes No NA
Was the clean/dirty linens kept separately? Yes No NA
Was the needles, syringes, medications kept away from the patients? Yes No NA
Was mildew or mold seen? Yes No NA
Is this section free of additional findings? Yes No NA
PATIENT KITCHEN / BREAKROOM CHECK
Which of the following was clean and well maintained? Floors and walls Horizontal and vertical surfaces Microwave oven Refrigerator and thawed of ice Under sink Ice machine
Is patient refrigerated labelled accordingly?



SOILED LINEN / STORE ROOM CHECK

