

Daily Cleaning Checklist

to be completed daily & submitted to the matron each week

ward: _____ week commencing: _____

WARD

	Signature of nurse in charge	T	
M		F	
T		S	
W		S	

Item	Notes	Frequency	M	T	W	T	F	S	S
Bedside oxygen & suction		Daily & after use							
Patient bedside notes holder		Weekly							
Clinical stations, corridors & bays	Free from clutter	Daily							
Commodes	Check undersides, top, handles & lid	Daily & after use							
Slipper pans	Check undersides, top & handle	Daily & after use							
Patient hoist	Use single patient use slings	Daily & after use							
Patient weighing scales		Daily & after use							
Medical/clinical equipment (inc. items attached to patients)	IV infusion pumps, drip stands, pulse oximeters, blood pressure machines, inc. overhead items	Daily & after use							
Blood analysis machines	Inc. glucose & gas analysers	Daily & after use							
Crash trolley	Dust free, sharps bin empty	Daily check & clean							
Bed frames	Damp dust	Daily							
Curtains/blinds	Change as required if soiled	Daily							
Clean & dirty utility	Cleanliness, clutter, no items on floor	Daily							
Baths/showers	Cleanliness	Between patients							
Drug fridges	Internal clean, record temperature, remove out of date medications	Daily							
Computers & PACS workstations	Free from dust, keyboard clean	Daily							
PDA's (VitalPac)		Daily							
Mailbox / Storage Systems		Weekly							