

DAILY CLEANING CHECKLIST - UPDATED 6.14.2021

DATE: _____

First Treatment Time: _____

NAME: _____

Last Treatment Time: _____

COVID-19 SELF CHECK

DAILY TEMPERATURE CHECK:	RMT	PT1	PT2	PT3	PT4	PT5	PT6
<input type="checkbox"/> COVID-19 Arrival pre-screen complete							
<input type="checkbox"/> COVID-19 Verbal Pre-screen with RMT complete	-----						
<input type="checkbox"/> Patient Wore Mask While Supine	-----						
<input type="checkbox"/> Patient Wore Mask While Prone	-----						
<input type="checkbox"/> Therapist Wore Mask during Treatment							
<input type="checkbox"/> COVID-19 Consent form Complete (if needed)	-----						

ROOM 6 CLEANING CHECKLIST - TO BE COMPLETED BETWEEN PATIENTS

	TX1	TX2	TX3	TX4	TX5	TX6
<input type="checkbox"/> Time of Cleaning Post Treatment	__:__	__:__	__:__	__:__	__:__	__:__
<input type="checkbox"/> Patient Use Area						
<input type="checkbox"/> Massage Table and Area						
<input type="checkbox"/> Therapist High Touch Surface Areas						
<input type="checkbox"/> Client High Touch Surface Areas						
<input type="checkbox"/> Window Open / HEPA Filter on high						
<input type="checkbox"/> Mask and Shirt Changed post tx						

END OF DAY DEEP CLEANING CHECKLIST

NOTES FOR THE DAY:

<input type="checkbox"/> WIPE DOWN ELECTRONICS/EQUIPMENT		
<input type="checkbox"/> MOP AROUND MASSAGE TABLE FLOOR		
<input type="checkbox"/> WIPE STOOL & CHAIR LEGS		
<input type="checkbox"/> WIPE DOWN ALL LEGS OF MASSAGE TABLE		
<input type="checkbox"/> WIPE DOWN FURNITURE		
<input type="checkbox"/> WIPE MIRRORS, HARD SURFACES		
<input type="checkbox"/> STORE USED LINENS		

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