

Check this template against your local regulations and your own policies before you use it.

Business _____ Location _____ Date _____

Daily checklist Between patients and at the end of the day

TASK	TIME	INITIALS
Between every patient		
☐ Clean your hands before and after touching the patient		
☐ Change the couch roll, or the linen and pillowcase		
☐ Wipe the couch, headrest, face hole and armrests		
☐ Clean the ultrasound heads, electrodes and other equipment used Follow the maker's instructions for each device.		
☐ Put used acupuncture or dry needling needles straight into the sharps container		
☐ Give bands and tubing used by one patient to that patient, or clean them as your policy says		
Treatment rooms		
☐ Wipe door handles, light switches, chairs and desks		
☐ Empty the bins and replace their liners		
☐ Refill hand rub, gloves, wipes and couch roll		
☐ Check the sharps container is below its fill line		
Rehab gym		
☐ Wipe down bikes, treadmills, weights and benches used by patients		
☐ Clean the exercise mats and balls		
☐ Put equipment away so walkways are clear		
Reception and waiting area		
☐ Wipe the counter, card reader, pens and tablets		
☐ Wipe the waiting room chairs and armrests		
☐ Check the hand rub at the entrance is full		
☐ Initial and date the cleaning record		

Completed by _____ Checked by (manager) _____ Date _____ Notes _____

Weekly checklist Once a week

TASK	TIME	INITIALS
Couches and furniture		
☐ Clean the couches fully, including frames, bases and controls		
☐ Check the couch and pillow covers for splits or tears Split covers can't be cleaned properly. Repair or replace them.		
☐ Wash pillows, bolsters and wedges, or their covers		
Equipment		
☐ Clean and check all electrotherapy equipment and leads		
☐ Clean the hot and cold pack units as the maker says		
☐ Clean and check the gym equipment for damage		
Stock and supplies		
☐ Check hand rub, gloves, wipes and first aid stock, and their expiry dates		
☐ Order anything running low		
Floors and surfaces		
☐ Mop hard floors and vacuum carpets, including under the couches		
☐ Clean the clinic fridge and microwave		
☐ Clean and disinfect the bins		

Completed by _____ Checked by (manager) _____ Date _____ Notes _____