

Daily/Monthly Cleaning Log for Controlled Environments & Adjacent Areas

Month: _____ Year: _____ Key: **GDT**: germicidal detergent diluted w/ tap water **GDS**: germicidal detergent diluted w/ sterile water **sIPA**: sterile 70% isopropyl alcohol **IPA**: 70% isopropyl alcohol

Activity		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Daily HD Buffer Room (BR)	BSC1: DAS➔GDS➔sIPA																																
	BSC2: DAS➔GDS➔sIPA																																
	Empty trash																																
	All horizontal surfaces																																
	Handles/Phones/Intercoms																																
	Keyboards, computer eqt.																																
	All floors																																
Daily NH Buffer Area (BA) /Anteroom	LAFW1: GDS➔sIPA																																
	LAFW2: GDS➔sIPA																																
	LAFW3: GDS➔sIPA																																
	Empty trash																																
	All horizontal surfaces																																
	Handles/Phones/Intercoms																																
	Keyboards, computer eqt																																
All floors																																	
Monthly HD BR (+ daily)	All surfaces of ceiling																																
	Walls/all surfaces pass thru																																
	All surfaces furniture, trash bins, outside surfaces PECs																																
	Storage bins																																
Monthly NHD BA/Ante (+daily)	All surfaces of ceiling																																
	Walls/all surfaces pass thru																																
	All surfaces furniture, trash bins, outside surfaces PECs																																
	Storage bins																																
Monthly Other (+ daily)	General Prep Area																																
	Refrigerators/Freezers																																
	Incubator/Autoclave																																
	Other:																																

Note: Perform cleaning per P-304. Staff performing cleaning task to initial appropriate box. Write N/A and draw arrow through any task not due or required by P-304. Weekly use of sporicidal agent write: **SAT** when sporicidal agent diluted w/ tap water or **SAS** when sporicidal agent diluted w sterile water in block with initials. During weekly decontamination of the HD buffer area, note **DAT** on the day that decontamination agent diluted w/ tap water is used in addition to the GDT. Mark an asterisk (*) next to initials to designate that a three time clean was performed; see additional documentation of Three Time Clean Form; F-304.c