

Medical Facility Sanitation Control Form

Facility Name

Location/Department

Date

Inspector Name

Area/Item	Cleaned	Comments
Patient Rooms	<input type="checkbox"/>	<div></div>
Restrooms	<input type="checkbox"/>	<div></div>
Operating Theaters	<input type="checkbox"/>	<div></div>
Waiting Areas	<input type="checkbox"/>	<div></div>
Equipment	<input type="checkbox"/>	<div></div>
Other	<input type="checkbox"/>	<div></div>

Issues or Irregularities Observed

Actions Taken

Inspector Signature