

 Patio Sanitation Checklist

 To be completed Daily

|  |
| --- |
| Date: Resident Staff Sanitizing Room # Initials: | Table | Chairs | Plexiglass Shield |  |
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ]

 Check off the following has been sanitized 15 mins. before and after scheduled visits:

Time In:

;