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| Name of the facility..... House keeping cleaning List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------------|--|----------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| To be displayed at all drinking water point | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | Time | Month & Year:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 |
| Name of the responsible persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soap after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Checking of working of water purifier | Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Checking of working of water cooler | Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Checking of working of water taps | Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Dusting of Water Purifier | Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Dusting of Water Cooler | Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Wet Mopping of Water Purifier | Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Wet Mopping of Water Cooler | Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Mopping of Taps with clean cloth & Disinfectant | Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Mopping with Phenyl in area surrounding water point | Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Washing of area surrounding water purifier | Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Water Purifier Maintanance | Monthly | At fixed time of visit by the Contractor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Check for Residual Chlorine | Monthly on First Saturday | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Bacteriological tetsing with H2S strip | Monthly on First Saturday | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Checking of placement of instructions prohibiting utensils wash & indicating place for washing utensils | Monthly on First Saturday | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Supervisor | | Daily | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REMARK :

| Name of the facility..... | | | | House keeping cleaning List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------|---------------------------|-----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| To be displayed in mortuary | | | | Month & Year:-..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | Time | 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 | | | |
| Name of the responsible person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soa after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Wet Mopping with high concentrate (2 %) Sodium Hypochloride Solution. | Daily | 9-00AM After each Autopsy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Washing with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Ceiling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Removal of Cob webs/Honey comb etc. | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of Fans with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Tubelights & Bulbs | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Mopping of Switches | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Doors & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Dusting of windows | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of grills & windows with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Handles with Disinfecting Fluids | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Wet Mopping of Doors | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Checking that no window glass is broken | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vi | Checking for No scrape/Garbage lying over window/ventilator | Weekly on Saturday | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | All instruments, Equipment should be clean with high concentrate (2%) Sodium Hypochloride Solution | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Post mortem platform (Autopsy table) with high concentrate (2%) Sodium Hypochloride Solution | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G Garbage Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Check for Placement of BMW bins with bags of sufficient size of Black-Yellow-Blue | Daily | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Emptying of All BMW bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Check for 24 hrs running water | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Check for functionality of drainage line | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Supervisor after varification | | Daily | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REMARK :

| Name of the facility..... House keeping cleaning List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------|----------------|----------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| To be displayed in the OT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | Time | Month & Year:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 |
| Name of the responsible persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soa after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with 0.5% Chlorine solution | 4 times Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12-00 Noon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4-00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with 0.5% Chlorine solution | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Ceiling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping of Tubelights & Bulbs 0.5% Chlorine solution | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Mopping of Switches 0.5% Chlorine solution | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Mopping of roof 0.5% Chlorine solution | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | Doors & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Dusting of windows | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of grills & windows with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Handles with Disinfecting Fluids 0.5% Chlorine solution | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Wet Mopping of Doors | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | Furnitures & Fixtures - Wet Wiping with .5% Chlorine solution | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Equipments & Instruments Decontamination | After each use | After each use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | Dressing Materials autoclaving | As per use | As per use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Washbasins | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Washing with detergents | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | check for running water | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Check for functionality | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | check for water tap functionanlity | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Check for soap availability | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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REMARK :

| Name of the facility..... House keeping cleaning List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------|----------------|----------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| To be displayed in the xray room | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | Time | Month & Year:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 |
| Name of the responsible persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soa after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | 4 times Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12-00 Noon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4-00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Ceiling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Removal of Cob webs/Honey comb etc. | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of Fans with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Tubelights & Bulbs | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Mopping of Switches | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | Doors & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Dusting of windows | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of grills & windows with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Handles with Disinfecting Fluids | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Wet Mopping of Doors | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Checking that no window glass is broken | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vi | Checking for No scrape/Garbage lying over window/ventilator | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | Garbage Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Check for Placement of Black Dustbin with bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Emptying of All Black Bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Washbasins | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Washing with detergents | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | check for running water | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Check for functionality | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | check for water tap functioanlity | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Check for soap availability | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vi | Availability of Alcohol based Hand rub | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vii | Check for Display of Hand washing Instruction at Point of Use | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Name of the facility..... House keeping cleaning List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------|----------------|----------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| To be displayed in the pharmacy & store | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | Time | Month & Year:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 |
| Name of the responsible persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soa after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | 4 times Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12-00 Noon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4-00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Ceiling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Removal of Cob webs/Honey comb etc. | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of Fans with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Tubelights & Bulbs | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Mopping of Switches | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | Doors & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Dusting of windows | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of grills & windows with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Handles with Disinfecting Fluids | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Wet Mopping of Doors | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Checking that no window glass is broken | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vi | Checking for No scrape/Garbage lying over window/ventilator | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | Garbage Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Check for Placement of Black Dustbin with bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Emptying of All Black Bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV | Removal of condemned/Junk material in the Pharmacy and drug store | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of Supervisor after varification | Daily | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REMARK :

[illegible]

[illegible]

| Name of the facility..... House keeping cleaning List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------|----------------|----------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| To be displyed in cold-chain room | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | Time | Month & Year:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 |
| Name of the responsible persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soa after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | | | | Floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | 4 times Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12-00 Noon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4-00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | | | Wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | | | | Ceiling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Removal of Cob webs/Honey comb etc. | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of Fans with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Tubelights & Bulbs | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Mopping of Switches | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | | | Doors & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Dusting of windows | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of grills & windows with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Handles with Disinfecting Fluids | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Wet Mopping of Doors | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Checking that no window glass is broken | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vi | Checking for No scrape/Garbage lying over window/ventilator | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | | | | Garbage Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Check for Placement of Four coloured BMW bins with bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Emptying of All BMW Bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Mopping of Furnitures & equipments with disinfecting fluid | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Curtains Changing | Monthly on First Saturday | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Glass cleaning | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Check availability of functional light bulb in room | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ILR & DF dust mopping | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Cold box | Monthly on First Saturday | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Supervisor | | | Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Weekly task to be done on every Sunday
Monthly task to be done on every first Sunday
REMARK :

| Name of the facility | | | | House keeping cleaning list | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------|----------------|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| To be displayed in each examination room | | | | Month & Year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | 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 | |
| | | | | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri |
| Name of the responsible person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soa after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | | | | Floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | 4 times Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12-00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Noon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4-00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Weekly on Saturday | 6-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | | | Wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | | | | Ceiling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Removal of Cob webs/Honey comb etc. | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of Fans with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Tubelights & Bulbs | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Mopping of Switches | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | | | Doors & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Dusting of windows | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of grills & windows with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Handles with Disinfecting Fluids | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Wet Mopping of Doors | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Checking that no window glass is broken | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vi | Checking for No scrape/Garbage lying over window/ventilator | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | | | | Garbage Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Check for Placement of Four coloured BMW bins with bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Emptying of All BMW Bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Mopping of Furnitures & equipments with disinfecting fluid | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Bedsheet | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Stethoscope | | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Torch | | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Linen Changing | Daily & after soiling | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Curtains Changing | Monthly on First Saturday | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K | Glass cleaning | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | | | | Washbasins | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Washing with detergents | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Check for running water | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Check for functionality | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | check for water tap functionality | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Check for soap availability | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vii | Check for Display of Hand washing Instruction at Point of Use | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| viii | Staff adhere to standard hand washing practices | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Check availability of functional light bulb in room | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARK : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Name of the facility..... House keeping cleaning List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------|----------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|
| To be displayed in each ward/special room/isolation room | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | Month & Year:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 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 | | |
| Name of the responsible person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soa after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | 4 times Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12-00 Noon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4-00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Ceiling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Removal of Cob webs/Honey comb etc. | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of Fans with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Tubelights & Bulbs | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Mopping of Switches | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Doors & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Dusting of windows | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of grills & windows with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Handles with Disinfecting Fluids | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Wet Mopping of Doors | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Checking that no window glass is broken | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vi | Checking for No scrape/Garbage lying over window/ventilator | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G Garbage Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Check for Placement of Four coloured BMW bins with bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Emptying of All BMW Bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Mopping of Furnitures & equipments with disinfecting fluid | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Curtains Changing | Monthly on First Saturday | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Replace linen, pillow cover | Daily & as soiled | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Glass cleaning | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Check availability of functional light bulb in room | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Supervisor after varification | | Daily | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARK : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Name of the facility..... House keeping cleaning List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|----------------|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|
| To be disolved in Labor room | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | Month & Year:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 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 | | | |
| Name of the responsible person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soa after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | 4 times Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12-00 Noon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4-00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Ceiling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Removal of Cob webs/Honey comb etc. | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of Fans with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Tubelights & Bulbs | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Mopping of Switches | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Doors & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Dusting of windows | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of grills & windows with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Handles with Disinfecting Fluids | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Wet Mopping of Doors | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Checking that no window glass is broken | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vi | Checking for No scrape/Garbage lying over window/ventilator | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G Garbage Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Check for Placement of Four coloured BMW bins with bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Emptying of All BMW Bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Mopping of Furnitures & equipments with disinfecting fluid | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Curtains Changing | Monthly on First Saturday | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Replace linen, pillow cover | After each Labour & inbetween if soiled | After each Labour & inbetween if soiled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Glass cleaning | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Check availability of functional light bulb in room | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N | Carbolization | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Supervisor | | | Daily | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

REMARK :

| Name of the facility..... | | | House keeping cleaning List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------|-----------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| To be displayed in Laboratory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | Month & Year:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 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 | |
| Name of the responsible person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soa after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | 4 times Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12-00 Noon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4-00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Ceiling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Removal of Cob webs/Honey comb etc. | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of Fans with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Tubelights & Bulbs | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Mopping of Switches | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | Doors & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Dusting of windows | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of grills & windows with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Handles with Disinfecting Fluids | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Wet Mopping of Doors | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Checking that no window glass is broken | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vi | Checking for No scrape/Garbage lying over window/ventilator | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | Garbage Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Check for Placement of Four coloured BMW bins with bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Emptying of All BMW Bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Mopping of Furnitures & equipments with disinfecting fluid | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Curtains Changing | Monthly on First Saturday | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Glass cleaning | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Check availability of functional light bulb in room | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | Carbolization | Weekly on Saturday | 1-00 Pm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L | Washbasins | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Washing with detergents | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Check for running water | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Check for functionality | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | check for water tap funcioanlity | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Check for soap availability | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vii | Check for Display of Hand washing Instruction at Point of Use | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| viii | Staff adhere to standard hand washing practices | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Supervisor after varification | | Daily | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARK : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Name of the facility..... House keeping cleaning List | | |
|---|---|---|
| To be displayed in Head of the institute's Room | | |
| Srl No. | Particular | Whether functional / available as per norms |
| Name of the responsible person | | |
| Name of the Supervisor | | |
| Month..... Year..... | | |
| Quality Control | | |
| 1 | Total available Instrument | |
| 2 | Functional | |
| 3 | Non functional | |
| *Reasons for not functioning | | |
| a | Equipment/Instrument is not required | |
| b | Equipment/Instrument is not installed | |
| c | Need repairing | |
| d | Can't be repaired | |
| e | Necessary space is not available | |
| f | Necessary electrical arrangement is not available | |
| g | Trained manpower is not available | |
| h | Extra qty. | |
| i | Others | |
| | Total Non functional | |

| Name of the facility..... House keeping cleaning List | | |
|---|---|---|
| To be displayed in Head of the institute's Room | | |
| Srl No. | Particular | Whether functional / available as per norms |
| Name of the responsible person | | |
| Name of the Supervisor | | |
| Month..... Year..... | | |
| Quality Control | | |
| S.No. | Particular | Whether functional / available as per norms |
| 1 | Citizen's charter (Yes/No) | |
| 2 | Constitution of Rogi Kalyan Samiti (Yes/No) | |
| 3 | Internal monitoring (Last date of audit: dd/mm/yyyy) | |
| a | Social audit through Panchayati Raj Institution | |
| b | Social audit through Rogi Kalyan Samitis | |
| 4 | External monitoring / Gradation by PRI (Zila Parishad) (Last date of audit: dd/mm/yyyy) | |
| a | External monitoring / Gradation by Rogi Kalyan Samitis (Last date of audit: dd/mm/yyyy) | |
| 5 | Availability of Standard Operating Procedures (SOP) / Standard Treatment Protocols (STP)/ Guidelines (Yes/no) | |
| 6 | RKS Fund received in previous year (Total) (Rs.) | |
| a | RKs fund Utilized in previous year (Total) (Rs.) | |
| 7 | HAI | |
| a | Incidence of Hospital Associated Infection (Per 1000 Case) | |
| b | Last culture sent for autoclave monitoring strip (dd/mm/yyyy) | |
| c | Last swab taken from OT for bacteriological surveillance (DD/mm/yyyy) | |
| d | Last swab taken from labor room for bacteriological surveillance (DD/mm/yyyy) | |
| e | No. of needle prick injuries in last month | |
| f | IV lines changes after how many hours | |
| g | Antibiotics given in normal diarrhoea/Vomiting cases (Yes/No) | |
| 8 | Patient safety | |
| a | No. of instances of medication error in last month | |
| b | No. of AEFI reported in last month | |
| c | no. of sentinel events In last month | |
| d | No. of Infant deaths in last month | |
| e | No. of maternal deaths in last month | |
| 9 | Licence Available (Yes/No) | |
| a | BMW from GPCB | |
| b | Permit for Spirit from Drug & Narcotics Department | |
| c | Permit for Drugs from Drug & Narcotics Department | |
| d | MTP Permit | |
| e | TL Permit from District Panchayat Health & Family Welfare | |
| f | Vehicle Registration (From RTO) | |
| g | Vehicle Insurance | |
| h | NOC from Fire Safety Officer | |
| i | Certificate for FAR (Executive Engineer, R&B, District Panchayat) | |
| j | Certificate for Building Safety (Executive Engineer, R&B, District Panchayat) | |

| Name of the facility..... House keeping cleaning List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------|----------------|----------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| To be displayed in ambulance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Srl No. | Check List | Cleaning Frequency | Time | Month & Year:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 |
| Name of the responsible persons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Supervisors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use Red rubber Gloves up to Elbow, Mask & Apron before cleaning & Hand wash with soa after cleaning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A Floor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | 4 times Daily | 9-00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12-00 Noon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4-00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Wet Mopping with Phenyl | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Washing with detergent | Monthly on First Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Doors & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Dusting of windows | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Wet Mopping of grills & windows with detergent | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Wet Mopping of Handles with Disinfecting Fluids | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv | Wet Mopping of Doors | Weekly on Saturday | 1-00 PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v | Checking that no window glass is broken | Weekly | Surprise visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G Garbage Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Emptying of All BMW Bags | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | Mopping of Furnitures & equipments with disinfecting fluid | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | Curtains Changing | Monthly on First Saturday | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Glass cleaning | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Check for presence of hand disinfectant | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i | Check for presence of mask | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii | Check for presence of gloves | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii | Check for presence of apron | Daily | 9-00 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Supervisor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Weekly task to be done on every Sunday
Monthly task to be done on every first Sunday
REMARK :