

Your
Hospital's
Logo
Here

DAILY HOUSEKEEPING SUPERVISOR'S REPORT

| | |
|-------------------------|-------|
| DATE: | NAME: |
| AREA OF RESPONSIBILITY: | |

| ROOM NUMBERS | | | | | | | | | DATE CHECKED | DATE FIXED | COMPLETE or INCOMPLETE |
|---|--|--|--|--|--|--|--|--|-----------------|---------------|---|
| PATIENT ROOMS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| VENTS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| WALLS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| FLOORS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| BEDS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| FURNITURE | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| SHOWER CURTAINS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| WINDOW CURTAINS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| CUBICLE CURTAINS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| NEEDLE BOXES | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| TRASH CANS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| PUBLIC RESTROOMS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| VENTS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| WALLS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| FLOORS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| SINKS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| TOILETS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| URINALS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| SUPPLIES | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| HOUSEKEEPING CLOSET | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| MOP SINK | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| WALLS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| FLOOR | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| VENTS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| SUPPLIES | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| (ORGANIZED > 18" | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| BELOW CEILING) | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| HOUSEKEEPING CARTS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| AIDE 1 CARTS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| BUCKETS / RINGERS | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| FLOOR MACHINES | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| VENTS THROUGHOUT | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| 1 | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| 2 | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| 3 | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| 4 | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| 5 | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| 6 | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| 7 | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| 8 | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| NAME AIDE I | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| NAME AIDE II | | | | | | | | | | | <input type="checkbox"/> C <input type="checkbox"/> I |
| S = SATISFACTORY U = UNSATISFACTORY | | | | | | | | | | | |
| IF UNSATISFACTORY, INDICATE DATE RE-INSPECTED AND NOTE ON BACK OF PAGE | | | | | | | | | | | |

