

Date: \_\_\_\_\_ Time Completed: \_\_\_\_\_ PM / AM  
DDDD, MM / DD / YYYY HH : MM

Product Used: \_\_\_\_\_ Registration #: \_\_\_\_\_ Required Dwell Time: \_\_\_\_\_  
PRODUCT NAME EPA / DIN MM : SS

**IMPORTANT:** Pay special attention to high touch surfaces marked **(Sensitive Surface)** and ensure only proper disinfection products are used to prevent damage.

## High Touch Surfaces Disinfected

- |   |  |
|---|--|
| <input type="checkbox"/> Light Switches   | <input type="checkbox"/> Tables                            |
| <input type="checkbox"/> Temperature Controls                                   | <input type="checkbox"/> Hard Backed Furniture             |
| <input type="checkbox"/> Door Locks   | <input type="checkbox"/> Garbage Bins                      |
| <input type="checkbox"/> Door Handles   | <input type="checkbox"/> Hand Railings                     |
| <input type="checkbox"/> Bathroom Fixtures                                      | <input type="checkbox"/> Countertops                       |
| <input type="checkbox"/> Windowsills  | <input type="checkbox"/> Drawer Handles                    |
| <input type="checkbox"/> Blind & Curtain Pulls                                  | <input type="checkbox"/> Tissue Containers                 |
| <input type="checkbox"/> Phones (Sensitive Surface)                             | <input type="checkbox"/> Soap & Sanitizer Dispensers       |
| <input type="checkbox"/> Computer Keyboards / Touch Screens (Sensitive Surface) | <input type="checkbox"/> Computer Mice (Sensitive Surface) |
| <input type="checkbox"/> _____  | <input type="checkbox"/> _____                             |
| <input type="checkbox"/> _____  | <input type="checkbox"/> _____                             |

*I acknowledge that I have reviewed the manufacturer's recommendations, guidelines and safety data sheet (SDS) for the disinfectant used to perform this procedure. I have ensured the proper dwell time was achieved and have taken all necessary precautions to ensure proper use of personal protective equipment (PPE) were followed to protect myself.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

