

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

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

High Touch Surfaces Disinfected

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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: _____

