**MONTH/ YEAR …………………………..**

**INFECTION CONTROL AND PREVENTION**

**SLUICE ROOM CLEANING MONITORING TOOL**

**MALE REHABILITATION WARD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATE | TIME | ROOM CLEAN* FLOOR
* WINDOWS
* WALL
 | DIRTY LAUNDRY PROPERLY SEGREGATED  | SLUICE ROOM FREE FROM UNNECESSARY ITEMS | NAME OF ASSESSOR | COMMENTS |
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COMPILED BY …………………… AUTHORIZED BY ……………………….