

# Medical Facility Janitorial Walkthrough Checklist & Success Reminders

## Reminders for a Successful Walkthrough (Medical Facility)

**Be Prepared:** Confirm appointment, bring tools (measure tape, checklist, camera, potentially blacklight), dress professionally (consider clean attire/lab coat if appropriate), research facility type (clinic, hospital wing, dental, etc.).

**Engage the Client** (Office Manager, Facilities Director, Infection Control Lead): Introduce self, listen actively, ask about specific cleaning/disinfection needs (CDC/OSHA compliance, terminal cleaning protocols), HIPAA considerations, high-risk areas, current pain points.

**Clarify Scope:** Understand frequency, specific tasks (instrument pre-cleaning?), areas included/excluded (sterile areas?), waste handling (sharps, biohazard), desired disinfectants (hospital-grade, contact times).

**Be Thorough & Observant:** Walk all areas, note details (sq ft, surface types - stainless steel, vinyl, laminate), condition, fixture counts. Pay **EXTREME** attention to high-touch surfaces (door handles, light switches, bed rails, chairs, counters, equipment). Note ventilation.

**Infection Control Focus:** Ask about required disinfection levels (critical, semi-critical, non-critical areas), specific protocols for exam/procedure rooms, isolation room procedures, required PPE for cleaning staff.

**Estimate Accurately:** Factor in detailed disinfection time, specialized supplies (hospital-grade disinfectants, PPE), waste disposal costs, labor, equipment, overhead, profit, frequency, potential for terminal cleans.

**Follow Up:** Thank client, confirm understanding of infection control needs, provide proposal timeline, send detailed proposal outlining protocols, follow up.

## Facility Information

**Facility Name:**

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**Contact Person:**

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**Title:**

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**Phone:**

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**Email:**

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**Address:**

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**Type of Facility:**

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**Approx. Total Square Footage:**

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**Desired Cleaning Frequency:**

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**Cleaning Hours Restrictions/Access Times:**

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**Specific Regulations/Compliance Needs (Joint Commission, OSHA, etc.):**

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## Waiting Rooms / Reception Areas

Number of Areas:

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Est. Total Sq. Ft.:

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Floor Type(s):

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Condition:

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Seating (Count, Material):

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Reception Desk/Counters:

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Tables/Magazine Racks:

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Windows/Glass Partitions:

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Trash Receptacles (Count, Liners Required?):

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**High-Touch Points Protocol:**

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**Specific Client Requests:**

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## **Exam Rooms**

**Number of Rooms:**

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**Avg. Sq. Ft. per Room:**

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**Floor Type(s):**

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**Condition:**

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**Exam Tables:**

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**Countertops/Sinks:**

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**Patient Chairs/Stools:**

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**Medical Equipment Surfaces:**

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**Cabinets/Drawers:**

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**Trash/Biohazard/Sharps Containers:**

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**High-Touch Points Protocol:**

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**Terminal Cleaning Required?:**

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**Specific Client Requests:**

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## **Procedure Rooms / Operating Rooms**

**Number of Rooms:**

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**Avg. Sq. Ft. per Room:**

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**Floor Type(s):**

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**Condition:**

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**Operating/Procedure Tables:**

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**Lights/Booms:**

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**Counters/Sinks/Scrub Sinks:**

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**Equipment Surfaces:**

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**Walls/Ceilings:**

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**Waste Receptacles (All Types):**

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**High-Touch Points Protocol:**

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**Terminal Cleaning Required?:**

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**Air Pressure/Ventilation Notes:**

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**Specific Client Requests:**

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**Restrooms (Patient & Staff)**

**Number of Patient Restrooms:**

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**Staff Restrooms:**

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**Avg. Sq. Ft. per Restroom:**

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**Toilets / Urinals / Sinks:**

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**Floor Type:**

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**Condition:**

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**Mirrors:**

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**Countertops:**

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**Partitions:**

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**Dispensers:**

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**Trash / Sanitary Bins:**

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**Fixture Condition:**

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**Grab Bars/Assist Rails:**

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**High-Touch Points Protocol:**

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**Specific Client Requests:**

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**Lab / Diagnostic Areas**

**Number of Areas:**

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**Est. Total Sq. Ft.:**

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**Floor Type(s):**

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**Condition:**

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**Countertops/Benchtops:**

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**Sinks / Eyewash Stations:**

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**Equipment Surfaces:**

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**Chairs/Stools:**

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**Waste Receptacles (All Types):**

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**High-Touch Points Protocol:**

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**Specific Client Requests / Safety Protocols:**

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**Staff Areas (Offices, Break Rooms, Locker Rooms)**

**Number of Offices:**

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**Break Rooms:**

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**Locker Rooms:**

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**Est. Total Sq. Ft.:**

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**Floor Type(s):**

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**Desks/Tables/Counters:**

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**Chairs:**

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**Kitchenette Appliances:**

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**Sinks:**

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**Lockers:**

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**Trash/Recycling Bins:**

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**High-Touch Points Protocol:**

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**Specific Client Requests:**

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**Corridors / Elevators / Stairwells**

**Estimated Sq. Ft.:**

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**Floor Type(s):**

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**Mats:**

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**Walls/Baseboards Condition:**

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**Drinking Fountains:**

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**Elevators:**

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**Stairs / Handrails:**

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**Trash Receptacles:**

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**High-Touch Points Protocol:**

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**Specific Client Requests:**

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**Periodic Work**

**Carpet Extraction/Shampooing:**

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**Hard Floor Stripping & Waxing/Sealing/Buffering:**

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**Window Washing:**

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**High Dusting:**

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**Upholstery/Cubicle Panel Cleaning:**

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**Terminal Cleaning:**

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**Other (e.g., Grout Cleaning, Pressure Washing):**

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**Overall Observations / Access / Supplies / Protocols**

**Building Access/Security Details:**

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**Janitorial Closet(s):**

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**Required Disinfectants/Chemicals:**

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**Required PPE for Cleaning Staff:**

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**Waste Handling Protocols:**

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**Client Provided Supplies:**

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**Overall Facility Age/Condition/Cleanliness:**

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**Client's Main Concerns:**

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**Obstacles or Challenges:**

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**HIPAA/Privacy Considerations:**

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