

Layered Audit CHECKLIST



TASKS Implement Audit

CONFORMING AUDIT CARD

Shift:		Card #
Inspection Area:		
General Disinfection Measures		
<input type="checkbox"/>	1. Did the cleaning crew / employees receive training about the disinfection method and frequency?	
<input type="checkbox"/>	2. Was hospital grade disinfectant or fresh 10% chlorine bleach solution (sodium hypochlorite solution) used as appropriate?	
<input type="checkbox"/>	3. Did the team conduct a comprehensive cleaning in all work cell common surfaces (control buttons, tools conveyors, trays, containers, forklifts, machines)?	
<input type="checkbox"/>	4. Did the team conduct a comprehensive cleaning in all offices, desk and conference rooms (cabinets, desk, table and chair surface)?	
<input type="checkbox"/>	5. Did the team conduct a comprehensive cleaning in all general objects often used or touched (doors, windows, handles, faucets, sinks, bathrooms)?	
<input type="checkbox"/>	6. Did the team conduct a comprehensive cleaning in cafeteria/canteen (tables, chair surfaces, dispensers, vending machines, etc.)?	
<input type="checkbox"/>	7. Did the team conduct a comprehensive cleaning in all common surfaces of personnel buses (Seat surfaces, rails, belts, door, windows, floor)?	
<input type="checkbox"/>	8. Did the team conduct a comprehensive cleaning in floors, walls and multiuse areas (tables, chair surfaces, dispensers, vending machines, etc.)?	
2nd Layer Audit <i>Audit of the above performed by a higher-level manager</i> 9. Were non-conformities raised? Y/N 10. If yes, were they actioned? 11. If no, please provide reasons:		3rd Layer Audit <i>Audit of Layer 2 by EHS or a higher-level manager</i> 13. Were all non-conformities closed? Y/N 14. If no, please provide reasons: