Residence Name:	Date allocated:			Person responsible for completing Audit:				
Audit Questions		✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X
Resident Rooms	A 0							
High areas check for cleanliness (ceilings, extended fans).	naust and air vents,							
2. Walls and skirting boards – check for cleanling	ess (cobwebs, dust).	\/						
3. Windows are clean.		V						
4. Window sills are clean.								
5. Fridge in room – check for cleanliness.								
6. Call bells are clean.								
7. Bed and bedspread are clean.								
Audit Questions		✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X

8. All grab rails free are clean (no dust, fingerprints).							
9. Shower taps and shower rose are clean.							
10. Drains in bathroom are clean and free from obstructions.							
11. Shelves and ledges are free from dirt, dust etc.							
12. Toilet is clean (including cover, seat and bowl).							
13. Sinks are clean and free from obstruction.							
14. All doors are clean and free from dirt, dust and grime.							
15. All furniture is free from dust/debris.							
16. Floors/carpets are clean and free form stains.							
Public area toilets and staff toilets.							
17. High cleaning – ceilings and ceiling apparatus (fan) are clean.							
Audit Questions	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X
18. Walls are clean.							

19. Any signage in area is tidy and in good repair.							
20. All grab rails are clean.							
21. Floors are clean							
22. Sinks and sink apparatus are clean.							
Assisted bathing areas/ Laundry/ pan rooms/ linen store							
23. High cleaning – ceilings and ceiling apparatus (exhaust and air vents, fans) are clean.							
24. Walls – are clean.							
25. Signage in area is in good repair.	V						
26. Ledges/shelving are free form dust and grime.							
27. Floors are clean.							
Audit Questions	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X	✓ / X
28. Bath (if applicable) is clean.							
29. Laundry machinery is clean.							

30. Pan sterilisers are clean.				
31. Sinks and taps are clean.				
32. Areas are used appropriately (and not as storage areas).				
<u>Systems</u>				
33. Check cleaning schedules to evidence that work has been completed.				

TOTAL TICKS

If any questions are answered with a " X ", please provide more information here:

SAMPLE

Auditor's signature:	Date: / /				
a) Total number of ticks = x 100 =					
b) Rows used X columns used =A) Divided by B) = %					
Summary of issues found at the audit:					
Actions:					
□ Audit results have been discussed with the Facility Manager □ Issues have been added to the education calendar					
☐ Issues have been raised on the appropriate Continuous Improvement Register - register and item number:					
☐ Issues of compliance have been added to the audit schedule and will be re-assessed as per agreement with Manager. If under 75%, a prescribed audit will occur in an agreed upon timeframe.					
Manager's Name: Manager's S	Signature: Date: / /				