



Clinic Name: _____

Date: _____

Room: _____

Holistic Health Practice Disinfection Log

High-touch Surfaces* (refer to list on page 1)
*Must be cleaned/disinfected between each use/client

Time	Cleaned if visibly soiled	Disinfected	Initial	Time	Cleaned if visibly soiled	Disinfected	Initial

Medium-touch Surfaces** (refer to list on page 1)
**Must be cleaned every two hours during the time the clinic is open (more if there is high traffic)

Time	Cleaned if visibly soiled	Disinfected	Initial	Time	Cleaned if visibly soiled	Disinfected	Initial

Initial Key (print name and initial)
