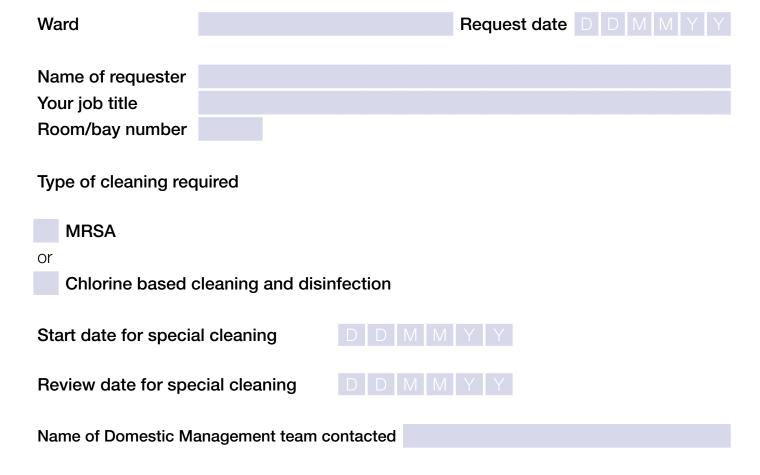
## Request form for special room cleaning and disinfection





## Request form for room deep clean

- Please complete and <u>save the form before</u> emailing to Domestic Services within
   48 hours of receiving notice of discharge/transfer from Admissions
- Please note, a minimum of 5 days' notice is required
- Please complete a separate form for each room

Date requested	D D M M Y Y Y Y	1							
Ward/Department									
_									
Reason for clean e.g.	discharge, transfer								
Room N°	Beds per room		Е	Bed N	0				
Date of discharge/transfer (if known)		D		М	М	Y	Υ	Υ	Y
Date of new admission/transfer (if known)		D		М	М	Y	Υ	Υ	Y
Name of requester									
Job title (eg Ward Manager)									

Please ensure all personal items and clinical equipment are removed from the room to be cleaned and blutak etc. is removed from the walls.

For Domestic Services use only							
Assessed by							
Contact on ward at assessment							
Date assessed	D D M M Y Y Y Y Date to be cleaned D D M M Y Y Y Y						
Time of cleaning	24hr clock						
	Date Elis informed (curtain) D D M M Y Y Y						
Completed work checks Check that curtains are in place before room allocation with Nurse in Charge							
Checked by	Domestice Supervisor - please print name						
Signature							
Ward/ Department	Nurse in Charge/Head of Department - please print name						
Signature							
Date checked	D D M M Y Y Y						

