Mammography Cleaning & Disinfection

FORM 27

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Department or Unit: _____ **Procedure or Frequency:** _____

Document cleaning at the written procedure frequency and required disinfection after potentially infectious contact.

Date or Time	Equipment or Area	Cleaning or Disinfection Performed	Product or Method or Procedure Reference	Performed By

Mammography Cleaning & Disinfection

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____