

Date: _____

Clinic name: _____

Provider name: _____

Address: _____

We contract with _____ for daily routine cleaning of our clinic. They use the following disinfectant: _____ .

During the day our staff will clean blood spills, contaminated surfaces, equipment, tables, counters, and floors as needed with the following disinfectant:

10% bleach that we mix daily and has a contact/kill time of five minutes

Other: _____ which has a contact/kill time of _____ minutes

Sincerely,
