

Bath and Shower Room Audit Tool

Name of Room: _____ Date: _____

Name of Auditor: _____

General Requirements	Yes	No	N/A	Comments
The area is clean/orderly with minimal supplies (i.e. no stockpiling).				
The room is cleaned at least daily.				
The floor is sealed and has mop boards protect wall from water penetration.				
Flooring is clean/non-slip/free from mold and mildew.				
Wall surfaces are easily cleanable/intact/free from mold and mildew.				
Shower and privacy curtains are clean/free from mold and mildew.				
Ventilation/exhaust removes steam and prevents condensation.				
Area is free from obstruction for easy workflow.				
Nurse call is waterproof and able to be sanitized.				
Multi-use bathing products are mounted in a non-refillable dispenser; bottles are not refilled.				
Hand hygiene products are easily accessible.				
Adequate space to don personal protective equipment (PPE).				
Area is used for bathing only.				
Linen storage is covered, free from shower overspray, off floor.				
Slings are covered, free from shower overspray, off floor.				
Shower chairs are disinfected after each use.				
Adequate clean storage/workspace; kept clean and away from shower overspray.				
Tubs are free from recirculation jets (if possible).				
Unused items or broken items removed from area.				
No sterile supplies stored in room.				
No personal care items left for individual residents-return to rooms.				
No items/storage/boxes on floor.				

Actions Required: