## SANITATION PLAN TEMPLATE

FACILITY INFORMATION			
Facility Name:		Phone Number:	
Facility Address:		List of Services:	
Facility Operator:		Water source:	

STERILIZATION PROCESS (CRITICAL)			
List of Equipment	Cleaning Procedure	Sterilization Procedure	
		Temperature:	Storage:
		Time:	Spore testing lab:
		Pressure:	
		Packaging:	Spore testing frequency:
		Chemical testing indicator:	

DISINFECTION (SEMI-CRITICAL/NON-CRITICAL)		
List of Equipment	Cleaning Procedure	Disinfection Procedure
		Disinfecting products and active ingredients:
		Minimum soak time:
		Solution change time:
		Disinfectant strength monitoring frequency:



 $\rightarrow$ 

SINGLE USE IMPLEMENTS		
List of Implements	Discard method	
	Sharps container availability: Sharps container disposal:	

LAUNDRY PROCEDURE		
List of Products	Cleaning Procedure	
	On/off site:	
	Wash setting:	
	Dry setting:	
	Other chemicals added:	
	Storage method:	

FACILITY MAINTENANCE		
Areas	Cleaning Procedure	Disinfection Product and Active Ingredient
Floor		
Walls		
Washroom		
Work surfaces		

SUPPLEMENTARY INFORMATION		
Aftercare Procedure	Client Policy – refusals/waiver form	
Verbal? Written?	Attachment:	
Attachment:		

INFECTION PREVENTION AND CONTROL PRACTICES		
Staff training		
Staff vaccination		
Hand hygiene practices and PPE use		



northernhealth.ca