



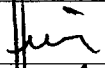
Animal Care Facility Form


TITLE: Surgery Suite and Procedure Rooms Maintenance Log

Document No.: 919.01.frm

Effective Date: _____

ORIGINATOR: Horatju V. Vinerean

APPROVED:  10/12/22 (Attending Veterinarian)

APPROVED:  10/22/22 (Principal Investigator)

Summary of Changes to this Document:

Distribution:
(1) Animal Facility



TITLE: Surgery Suite and Procedure Rooms Maintenance Log

Document No.: 919.01.frm

Effective Date: _____

Room #: _____

Month: _____

Year: _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Mop Floors																																
Empty Trash																																
Walls & Ceiling																																
Clean Lights																																
Counter Tops																																
Sinks																																
Windows and Doors																																
Clean Telephones																																
Clean Cabinets																																
Clean Hoods																																
Clean Table & Carts																																

Note: Place your initials in box for task completed

Comments: _____

Reviewed By: _____ Date: _____