|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **saglik-bakanligi-log-6dcef7a4e70da8cff952.jpg** | **T. C.**  **SAĞLIK BAKANLIĞI**  **Silopi İlçe Devlet Hastanesi** | | | **Yayın Tarihi:01.12.2011** | |
| **Revizyon Tarihi:07.01.2019** | |
| **Revizyon No:005** | |
| **Doküman No:SDH\EN.ÇZ\001**  **Sayfa No:1\1** | |
|  | |  |  | |  |

**TEMİZLİK KONTROL ÇİZELGES**i

SERVİS:

ODA NO:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TARİH | TEMİZLİK PERSONELİ | SABAH | ÖĞLEN | AKŞAM | TEMİZLİK PERSONELİ İMZA | KONTROL EDEN AD SOYAD İMZA | | |
| SABAH | ÖĞLEN | AKŞAM |
| 01/…/20….. |  |  |  |  |  |  |  |  |
| 02/…/20….. |  |  |  |  |  |  |  |  |
| 03/…/20….. |  |  |  |  |  |  |  |  |
| 04/…/20….. |  |  |  |  |  |  |  |  |
| 05/…/20….. |  |  |  |  |  |  |  |  |
| 06/…/20….. |  |  |  |  |  |  |  |  |
| 07/…/20….. |  |  |  |  |  |  |  |  |
| 08/…/20….. |  |  |  |  |  |  |  |  |
| 09/…/20….. |  |  |  |  |  |  |  |  |
| 10/…/20….. |  |  |  |  |  |  |  |  |
| 11/…/20….. |  |  |  |  |  |  |  |  |
| 12/…/20….. |  |  |  |  |  |  |  |  |
| 13/…/20….. |  |  |  |  |  |  |  |  |
| 14/…/20….. |  |  |  |  |  |  |  |  |
| 15/…/20….. |  |  |  |  |  |  |  |  |
| 16/…/20….. |  |  |  |  |  |  |  |  |
| 17/…/20….. |  |  |  |  |  |  |  |  |
| 18/…/20….. |  |  |  |  |  |  |  |  |
| 19/…/20….. |  |  |  |  |  |  |  |  |
| 20/…/20….. |  |  |  |  |  |  |  |  |
| 21/…/20….. |  |  |  |  |  |  |  |  |
| 22/…/20….. |  |  |  |  |  |  |  |  |
| 23/…/20….. |  |  |  |  |  |  |  |  |
| 24/…/20….. |  |  |  |  |  |  |  |  |
| 25/…/20….. |  |  |  |  |  |  |  |  |
| 26/…/20….. |  |  |  |  |  |  |  |  |
| 27/…/20….. |  |  |  |  |  |  |  |  |
| 28/…/20….. |  |  |  |  |  |  |  |  |
| 29/…/20….. |  |  |  |  |  |  |  |  |
| 30/…/20….. |  |  |  |  |  |  |  |  |
| 31/…/20….. |  |  |  |  |  |  |  |  |

Kontrol eden bölüm sorumlusu:

Enfeksiyon Hemşiresi ONAYLAYAN