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| **Observations** | **Elements** | | | | | | | | | | | | | | | | |
| **To ensure that all equipment is intact, clean and free of dust and contamination** | Couches (rails) intact and clean, emergency bed | Cots | Lockers and tables | Alcohol gel / wipes are available in the room | Bathroom clean -no fabric chairs | Bins clean – appropriate use | Sharps bins | Sonic aid | BP equipment, thermometer | Entonox, delivery box | Keyboards | Infant Resuscitation Equipment | Pool | Sling / hoist harness | sluice | Walls and curtains | Clean utility/work surfaces |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total number of times an individual element was performed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total number of times an individual element was **NOT** performed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Items that may only be found in rooms | | | | | Items that may only be found in birthing centres | | | | | | | | | | | |

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| --- |
| Please state reasons and actions taken: |

**Please follow locally agreed plan for entering data** Date: …………………………………… Signed: ………………………………………………………………… **Mark with audit with ✔ if clean, X if not clean**

Print Name: …………………………………………………………………….. Band …………………….