OpsAuditHub opsauditihub.com	DOC ID: **SAF-0167**	REVISION: **Rev 2.4 (2026)**
	STANDARD: **CDC Guidelines for Infection Control in Healthcare Personnel & OSHA 29 CFR 1910.1030 (Bloodborne Pathogens)**	AUDIT FREQUENCY: **Monthly Audit**

Ambulatory Clinic Infection Control Compliance Checklist

Operational Scope: Applies to all outpatient and ambulatory clinical care areas to mitigate cross-contamination and biological hazard exposure. Ensures mandatory adherence to sterilization, PPE protocols, and environmental disinfection standards.

MANDATORY PPE:	Nitrile or Neoprene Exam Gloves (ASTM D6319), Fluid-Resistant Surgical Mask with Visor or Eye Protection, Disposable Isolation Gowns (Level 2 or 3), N95 Respirator (for airborne precaution zones), Hand Hygiene Consumables (Alcohol-based rub & antimicrobial soap)
PREREQUISITES:	Verify current calibration and biological spore testing logs for all clinic autoclaves and sterilizers. | Ensure all clinical staff have completed annual bloodborne pathogen and infection control training verification.

HAND HYGIENE AND STANDARD PRECAUTIONS INFRASTRUCTURE

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Point-of-Care Hand Sanitizer Dispensers**	Dispensers are fully operational, placed in every exam room and hallway transition, and filled with EPA-compliant alcohol-based rub.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
2	**Handwashing Sinks and Supplies**	Sinks are free of clutter, equipped with hands-free or lever-operated faucets, paper towels, and liquid antimicrobial soap dispensers.	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**
3	**Personal Protective Equipment (PPE) Stations**	Caddies outside exam rooms are fully stocked with assorted glove sizes, surgical masks, and face shields without expired stock.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**

ENVIRONMENTAL CLEANING AND DISINFECTION PROTOCOLS

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
4	**Exam Table and Surface Disinfection**	Staff utilize hospital-grade EPA-registered disinfectants with verified contact times between every patient encounter; surfaces show no organic residue.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
5	**Sharps Disposal Containers**	Sharps containers are mounted securely at eye-level, never filled past the designated fill line (approx. 3/4 full), and permanently locked when replaced.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
6	**Regulated Medical Waste Segregation**	Red biohazard bags are lined properly in foot-pedal operated bins; no mixed municipal or regular trash is observed in biohazard streams.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
7	**High-Touch Surface Sanitation Logs**	Door handles, waiting room armrests, clipboards, and check-in kiosks are disinfected on a strict scheduled cadence with documented sign-offs.	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**

STERILIZATION AND INSTRUMENT PROCESSING

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
8	**Instrument Decontamination Area**	Clean and dirty zones are strictly separated by physical distance or barriers; staff wear heavy-duty utility gloves and face protection during manual scrubbing.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
9	**Autoclave Cycle Monitoring**	Chemical indicators are included in every load, and daily Bowie-Dick test logs are completed, reviewed, and archived for steam sterilizers.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
10	**Sterile Pouch Integrity and Storage**	Wrapped instrument packages are stored in clean, dry, closed-cabinet environments, properly labeled with sterilization dates and expiration markers.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**

Infection Preventionist / Compliance Auditor Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Clinical Operations Director / Medical Facility Manager Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

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