OpsAuditHub opsaudithub.com	DOC ID: **SAF-0166**	REVISION: **Rev 2.4 (2026)**
	STANDARD: **OSHA 29 CFR 1910.1030 & CDC Guidelines for Infection Control in Ambulatory Care Settings**	AUDIT FREQUENCY: **Daily Pre-Shift**

Ambulatory Clinic Infection Control Daily Log Sheet

Operational Scope: This log sheet governs daily infection control verifications across all clinical and procedural areas to mitigate biohazard exposure and nosocomial transmission risks. Compliance is mandatory for maintaining ambulatory surgical and outpatient accreditation standards.

MANDATORY PPE:	Nitrile Examination Gloves (ASTM D6319), Fluid-Resistant Surgical Mask (ASTM Level 2 or 3), ANSI Z87.1 Approved Protective Eyewear / Face Shield, Disposable Fluid-Resistant Isolation Gown, Closed-Toe Slip-Resistant Footwear
PREREQUISITES:	Ensure hand hygiene stations are fully stocked with alcohol-based rub and soap prior to inspection rounds. | Verify appropriate personal protective equipment (PPE) is staged and accessible at all donning and doffing stations. | Review previous shift's infection control log to ensure any identified remediation items have been closed.

ENVIRONMENTAL HYGIENE & HIGH-TOUCH SURFACES

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Waiting Area & Reception Desks**	High-touch surfaces (check-in tablets, clipboards, door handles) must be disinfected with EPA-registered hospital-grade disinfectant per contact time instructions.	Warning	[ ] PASS [ ] FAIL [ ] N/A
2	**Exam Room Examination Tables**	Upholstery must be intact without tears or cracks; disinfected between every patient and verified clean at shift start.	Critical (Immediate Out of Service)	[ ] PASS [ ] FAIL [ ] N/A
3	**Medical Equipment & Diagnostics (Stethoscopes, BP Cuffs)**	All reusable diagnostic devices cleaned and disinfected according to manufacturer reprocessing guidelines before use.	Critical (Immediate Out of Service)	[ ] PASS [ ] FAIL [ ] N/A
4	**Sink & Hand Hygiene Stations**	Sinks free of clogs and debris; paper towel dispensers, soap, and sanitizer stocked and operational.	Warning	[ ] PASS [ ] FAIL [ ] N/A

REGULATED MEDICAL WASTE & SHARPS MANAGEMENT

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
5	**Sharps Disposal Containers**	Containers must not exceed the fill line (maximum 3/4 full), are securely locked, and mounted securely away from high-traffic zones.	Critical (Immediate Out of Service)	[ ] PASS [ ] FAIL [ ] N/A
6	**Biohazard Waste Receptacles**	Red biohazard bags properly lined, leak-resistant, tied off when full, and kept covered with hands-free lids closed.	Warning	[ ] PASS [ ] FAIL [ ] N/A
7	**PPE Doffing Receptacles**	Dedicated bins for contaminated disposable PPE are clearly labeled and strategically placed near exit points of isolation areas.	Standard	[ ] PASS [ ] FAIL [ ] N/A

STERILIZATION & ENGINEERING CONTROLS

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
8	**Autoclave / Sterilization Unit**	Daily physical parameter logs (temperature, pressure, cycle time) recorded; chemical indicator strips utilized in every load.	Critical (Immediate Out of Service)	[ ] PASS [ ] FAIL [ ] N/A
9	**Negative Pressure / Isolation Rooms**	Differential pressure monitor displays active negative pressure status; manometer or smoke test verified operational.	Critical (Immediate Out of Service)	[ ] PASS [ ] FAIL [ ] N/A
10	**Eye Wash Station Inspection**	Emergency eye wash stations flushed weekly, plumbed line clear, and inspection tag initialed for the current month.	Warning	[ ] PASS [ ] FAIL [ ] N/A

Infection Control Nurse / Lead Medical Assistant Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Clinic Operations Manager / Director of Nursing Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

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