

**Infection Prevention and Control Committee Report
Environmental Services**

<Month>, <Year>

- 1. Current hospital germicide** *Note the names of all current hospital germicidal agents. Specify individual characteristics (e.g., concentrate, premixed solution, wipes)*

- 2. Proposed changes in cleaning agents** **None** *List all proposed product changes and why the change is being sought*

- 3. Proposed changes in cleaning processes** **None** *Note any changes in cleaning processes being proposed. This may include frequency changes, equipment changes, or process changes*

- 4. Alcohol hand rub usage report** *Report current amount of product purchased by Environmental Services for the previous month. Relate to a specific denominator such as patient days.*

- 5. Practice monitoring report** *Report monitoring events and findings. Include monitoring methods used and results. Also report interventions based upon monitoring results*

- 6. Other** *Any additional items that may impact infection prevention and control*

Submitted by: _____ **Date:** _____