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## SECTION VII

### FORMS

1.	Environmental Services Training Record
2.	Environmental Services Privacy Curtain Change Log
3.	Environmental Services Employee File Note
4.	Environmental Services Daily Overtime Approval

**ENVIRONMENTAL SERVICES  
TRAINING RECORD**

**EMPLOYEE** \_\_\_\_\_

**EMPLOYER#** \_\_\_\_\_

**TRAINER** \_\_\_\_\_

PRODUCTS	Date/Emp. Initials	Date/Emp. Initials	Date/Emp. Initials	Date/Emp. Initials	Date/Emp. Initials	Date/Emp. Initials
STANDARD CLEANING PROCEDURE						
REST ROOM CLEANING PROCEDURE						
ISOLATION CLEANING						
TRASH REMOVAL/ LINERS						
INFECTIOUS CONTROL						
FINISH REMOVAL						
SHOWER SCRUBBING						
CARPER CLEANING - BONNET						
HAZARDOUS SPILLS						
LEAK DETECTION						
VIOLATION AWARENESS						
DUSTING						
ORIENTATION- HOSPITAL						
ORIENTATION - DEPARTMENT						
WALL WASHING						
RIGHT TO KNOW/MSDS						
DUST MOPPING/SWEEPING						
WET MOPPING						
POWER EQUIPMENT OPERATION AND STORAGE						
PATIO / PARKING LOT CLEANING						

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

My signature on this form indicates that I have been trained in and understand those procedures initialed above.



RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
ENVIRONMENTAL SERVICES

DAILY INCIDENT LOG

DATE	LOCATION	INCIDENT OCCURRED

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
ENVIRONMENTAL SERVICES

DAILY INCIDENT LOG

DATE	LOCATION	INCIDENT OCCURRED

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER  
*FACILITIES MANAGEMENT*  
EMPLOYEE FILE NOTE

Employee: \_\_\_\_\_ Employee# \_\_\_\_\_

DATE: \_\_\_\_\_

ITBIS FORM MUST BE DESTROYED UPON COMPLETION OF THE CURRENT PERFORMANCE EVALUATION)

Incident Date	COMMENT
SUPERVISOR	DATE

Rancho Los Amigos National Rehabilitation Center  
ENVIRONMENTAL SERVICES DEPARTMENT

DAILY OVERTIME APPROVAL				
DATE	NAME	HOURS WORKED	AREA	JUSTIFICATION

Area Supervisor Approval: \_\_\_\_\_ Date \_\_\_\_\_

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