

**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)*

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

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- 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*

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- 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.*

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

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

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**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_