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:___________