



CleanSTAT™

*A program for a healthier, cleaner
healthcare environment... STAT*



FACILITY ASSESSMENT

BETCO®



A program for a healthier, cleaner, healthcare environment...STAT.

Facility Survey Objectives:

- A. To assist healthcare facility management in better understanding their current maintenance operation by:
 - a. Determining if the healthcare facility area passes cleaning expectations or determine if the facility area needs to improve on the cleanliness level.
 - b. Reviewing current procedures, products and equipment

- B. To use data collected as a basis for program recommendation to:
 - a. Reduce total maintenance cost
 - b. Improve overall cleaning level

Facility Survey Instructions for Use:

1. Review the survey objectives; describe the process and how the survey will be used.
2. Fill in the Customer Information at the top of the form.
3. Set expectations by agreeing upon areas to survey and the route you will follow.
4. Begin to survey the facility and record if cleaning expectations are being met within the healthcare facility area.
5. Note maintenance frequency for surfaces listed.
6. Note the flooring surfaces and calculate the square footage for the applicable areas surveyed.
7. Use the Notes and Actions Needed section to record additional observations (e.g. best practices, difficult areas to cleaning, unusual soil conditions and high traffic areas/patterns).

Inventory Summary Instructions for Use:

1. Record current product/equipment used for each category.
2. Fill in the appropriate columns for each product/equipment listed.

LAUNDRY PRODUCT CATEGORY

LINEN CLASSIFICATION

- Sheets
- Pillowcases
- Bed Spreads
- Duvet/Comforters
- Chef Coats/Aprons
- Rags/Mops
- Terry Linens
- Pads/Diapers
- Table Linen
- Napery
- Jumpsuits
- Athletic Uniforms

Wash Formula Number: _____
Wash Formula Number: _____
Wash Formula Number: _____
Wash Formula Number: _____
Wash Formula Number: _____
Wash Formula Number: _____
Wash Formula Number: _____
Wash Formula Number: _____
Wash Formula Number: _____
Wash Formula Number: _____
Wash Formula Number: _____
Wash Formula Number: _____

- Colored
- Colored
- Colored
- Colored
- Colored
- Colored
- Colored
- Quilted
- Visa
- Visa
- Visa
- Visa

Concept Other: _____
 Concept Other: _____
%Cotton/Polyester: _____
%Cotton/Polyester: _____

LAUNDRY PRODUCT CATEGORY

EQUIPMENT

Washer #1 Make: _____ Model: _____ Voltage: _____ Capacity: _____ lb.
Washer #2 Make: _____ Model: _____ Voltage: _____ Capacity: _____ lb.
Washer #3 Make: _____ Model: _____ Voltage: _____ Capacity: _____ lb.
Washer #4 Make: _____ Model: _____ Voltage: _____ Capacity: _____ lb.
Washer #5 Make: _____ Model: _____ Voltage: _____ Capacity: _____ lb.

Notes: _____

OBSERVATIONS AND TESTS

OBSERVATIONS

Sorting Procedures: Correct Incorrect Needs Improvement

Notes: _____

Washer Loading Procedures: Loads Weighed Piece Count Other: _____ Over-Loading Under-Loading Mixed Loads

Notes: _____

Drying Procedures: Correct Temperature Settings Yes No

Notes: _____

Linen Storage: Par Level: _____ Linen Color: Consistent Varied Shades

Odor: Clean and Fresh Greasy Urine or Feces Mildew Other: _____

Posted Information: Formula Chart Operations (flow) Chart Drying Procedures Chart

Other Charts: _____

Service Number Posted: Yes No

TESTS

WATER

Temperature: Hot Water: _____ °F

Hardness: Hot Water: _____ gpg Cold Water: _____ gpg

Iron: Hot Water: _____ gpg Cold Water: _____ gpg

Alkalinity: Hot Water: _____ gpg Cold Water: _____ gpg

LINEN

Final pH: _____ **Residual Chlorine:** No Yes If Yes - note test color: _____



Equipment Inventory Summary

INNOVATIVE
CLEANING TECHNOLOGIES

Facility: _____

Date: _____

Staff Personnel: _____

Phone No: _____

E-mail: _____

Evaluator: _____

	PRODUCT DESCRIPTION	EQUIPMENT NAME/MODEL/ MAKER/SERIAL NUMBER	CONDITION OF EQUIPMENT			THIRD PARTY CERTIFICATIONS	FREQUENCY OF USE (daily, weekly, monthly, quarterly, 6 months, yearly)	COMMENTS / NEEDED ACTION
			E	G	P			
AUTOMATIC SCRUBBERS	Riding Auto Scrubber							
	Auto Scrubber							
	All Purpose Auto Scrubber							
	Wood Floor All Purpose Auto Scrubber							
	Grout Scrubber							
BURNISHERS	High Speed Electric Burnisher							
	Battery Burnisher							
	Propane Burnisher							
FLOOR EQUIPMENT	Floor Machine							
	Propane Stripping Machine							
	Wet/Dry Vacuum							



Equipment Inventory Summary



	PRODUCT DESCRIPTION	EQUIPMENT NAME/MODEL/ MAKER/SERIAL NUMBER	CONDITION OF EQUIPMENT			THIRD PARTY CERTIFICATIONS	FREQUENCY OF USE (daily, weekly, monthly, quarterly, 6 months, yearly)	COMMENTS / NEEDED ACTION
			E	G	P			
SWEEPERS	Wide Area Sweeper							
CARPET CARE	Dual Motor Upright Vacuum							
	Backpack Vacuum							
	Large Area Vacuum							
	Carpet Extractor							
	Carpet Spot Cleaner							
	Air Mover							

LAUNDRY PRODUCT CATEGORY

PRODUCT INFORMATION (LIST ALL)

DISPENSED LAUNDRY PRODUCTS

- | | | |
|---------------|--------------------|-------------|
| 1. Name _____ | Description: _____ | Size: _____ |
| 2. Name _____ | Description: _____ | Size: _____ |
| 3. Name _____ | Description: _____ | Size: _____ |
| 4. Name _____ | Description: _____ | Size: _____ |
| 5. Name _____ | Description: _____ | Size: _____ |
| 6. Name _____ | Description: _____ | Size: _____ |

LAUNDRY SPOTTING PRODUCTS

- | | | | | |
|---------------|--------------------|-------------|------------------------------|--------------------------------|
| 1. Name _____ | Description: _____ | Size: _____ | <input type="checkbox"/> RTU | <input type="checkbox"/> Conc. |
| 2. Name _____ | Description: _____ | Size: _____ | <input type="checkbox"/> RTU | <input type="checkbox"/> Conc. |
| 3. Name _____ | Description: _____ | Size: _____ | <input type="checkbox"/> RTU | <input type="checkbox"/> Conc. |
| 4. Name _____ | Description: _____ | Size: _____ | <input type="checkbox"/> RTU | <input type="checkbox"/> Conc. |

LAUNDRY RECLAIM PRODUCTS

- | | | |
|---------------|--------------------|-------------|
| 1. Name _____ | Description: _____ | Size: _____ |
| 2. Name _____ | Description: _____ | Size: _____ |
| 3. Name _____ | Description: _____ | Size: _____ |

HOUSEKEEPING PRODUCTS

- | | | | | |
|---------------|--------------------|-------------|------------------------------|--------------------------------|
| 1. Name _____ | Description: _____ | Size: _____ | <input type="checkbox"/> RTU | <input type="checkbox"/> Conc. |
| 2. Name _____ | Description: _____ | Size: _____ | <input type="checkbox"/> RTU | <input type="checkbox"/> Conc. |
| 3. Name _____ | Description: _____ | Size: _____ | <input type="checkbox"/> RTU | <input type="checkbox"/> Conc. |
| 4. Name _____ | Description: _____ | Size: _____ | <input type="checkbox"/> RTU | <input type="checkbox"/> Conc. |
| 5. Name _____ | Description: _____ | Size: _____ | <input type="checkbox"/> RTU | <input type="checkbox"/> Conc. |
| 6. Name _____ | Description: _____ | Size: _____ | <input type="checkbox"/> RTU | <input type="checkbox"/> Conc. |

Notes: _____



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Thank you for permitting Betco to conduct this Facility Survey, Product Inventory and Equipment Inventory. The information gathered will be helpful in the development of the healthcare program recommendation that best fits your facility. This recommendation will be presented shortly.

Once the recommendation has been reviewed and agreed upon, our next step will be to create and schedule a program implementation plan. From there we can explore training, marketing support, and further partnership opportunities Betco makes available as part of its overall program.



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