

**Gültigkeit/Verteiler:**

|      |    |      |     |    |    |     |      |     |    |    |    |    |    |
|------|----|------|-----|----|----|-----|------|-----|----|----|----|----|----|
| X    |    |      |     |    |    |     |      |     |    |    |    |    |    |
| Alle | GF | Med. | MSD | PD | PT | Phy | Ergo | VwE | Kü | Se | HT | Fa | Re |

**Desinfektion und Reinigung → Ergotherapie Raum I**

**Monat/Jahr:** \_\_\_\_\_

| WAS                                                                            | Wann           | Datum und Handzeichen |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|--------------------------------------------------------------------------------|----------------|-----------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|                                                                                |                | 1                     | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Therapiematerial                                                               | nach Anwendung |                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Hilfsmittel für Patienten<br>→ Medibutler, Greifzange                          | nach Anwendung |                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Flächenreinigung<br>Schreibtisch                                               | 1 x Woche      |                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Flächenreinigung<br>(RD) Oberflächen,<br>Mobiliar,<br>Waschbecken,<br>Fußboden | 2 x Woche      |                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Therapieknete wechseln                                                         | 1 x Monat      |                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Regale                                                                         | 1 x Monat      |                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Aufbewahrungsbehälter<br>für Übungsmittel                                      | 1 x Monat      |                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Hilfsmittel<br>Therabänder, Stäbe, Bälle                                       | 1 x Monat      |                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Therapieschränke                                                               | 1 x Monat      |                       |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |