Locations:	
Room #s: _	



	DISINFECTION CHECKLIST	
Waiting Room		
□ TV Controls□ Ipad□ End Table		
Changing Room		
□ Participant Locker and Key□ Sink□ Toilet Handle□ Ensure used scrubs are place	ced in bins	
Testing Room		
 □ Button Boxes □ Button Box USB controller □ Table □ Chairs □ Any other surfaces 		
Scanner Control Room		
 □ Computer Keyboard and Mo □ Ipad □ Intercom □ Optoacoustics controller □ Phone □ Desks □ Ear Plug Dispenser 	ouse	
Magnet Room		
 □ MR Coils □ Coil and Bed Padding □ Bed and Bed Safety Release □ Bed Controls □ Button Boxes and lines □ Squeezeball □ MR Safe Headphones and M □ Ensure any sheets and blan 	lic	
By signing below you confirm that a disinfectant supplies or the room w	all above items have been thoroughly cleaned if I as not used.	neccessary with the provided
L2 User Signature	 Date	