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| **LIJEČNIČKE** **SOBE** | | | | | | | | | | | | | | | | |
| DATUM  MJESEC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GODINA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| KLINIKA/ZAVOD/ ODJEL | | | | | | | | | | | | | | |
| Stolić, stol za blagovanje |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Radni stol |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Krevet |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telefon /interfon |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stolovi |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stolice |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prekidači |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Vrata |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kvake na vratima |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Klupice na prozorima |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ormari |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Radijatori |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Svjetlo nad ogledalom |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Polica nad umivaonikom |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Umivaonik |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kutija za ručnike |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Slavina |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zidne pločice oko umivaonika |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ogledalo |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Podovi |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prozori |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kompjuter |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Monitor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Presvlačenje posteljnog rublja |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tuš kabina |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sanitarni čvor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **POTPIS OSOBE KOJA JE OBAVILA POSLOVE ČIŠĆENJA** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **POTPIS KOORDINATORA** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **POTPIS MED. SESTRE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **DAN** |  |
| **DATUM** |  |
| **KLINIKA/ZAVOD/ODJEL** |  |
| **PRIMJEDBE** |  |
| **POTPIS MEDICINSKE SESTRE** |  |