

Weekly QIAgility Cleaning Form

Equipment Name and S/N: _____ Room #: _____

Week	Dates Covered	Cleaning Completed?(Initials)	Week	Dates Covered	Cleaning Completed?(Initials)
1			27		
2			28		
3			29		
4			30		
5			31		
6			32		
7			33		
8			34		
9			35		
10			36		
11			37		
12			38		
13			39		
14			40		
15			41		
16			42		
17			43		
18			44		
19			45		
20			46		
21			47		
22			48		
23			49		
24			50		
25			51		
26			52		