



Vehicle Disinfection Check Sheet

Bus #: _____ **Location:** _____ **Date:** _____

Disinfecting Method: **Misting** **Wiping**

- Use only CDC approved products for fighting COVID 19
- Use products as per manufacturer’s directions
- Ensure PPE equipment is used as per SDS

Disinfect all non-porous surfaces that can come in contact with our passengers and employees such as, but not limited to:	Action completed	
Stanchions/handrails		
Seat backs		
Door handles		
All wheelchair/securement devices		
Operators area: encloser, seat, steering wheel, telephone, visor		
Windows		

Cleaners Name(s):

Print Name

Print Name

Print Name

Supervisor:

Contractor Supervisor:

Signature

Signature

Print Name

Print Name

Note: Contact your safety or maintenance director if you have any questions or concerns