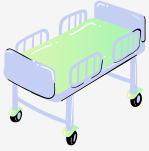




# Checklist

## Desinfecção do ambiente



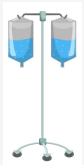
Cama hospitalar



Equipamentos



Superfícies de apoio



Suporte de soro



Poltrona

Nome: \_\_\_\_\_

Data: \_\_\_\_\_

Turno: \_\_\_\_\_