



**PHC FORM 3**

**XYZ- AIRPORT COVID-19 CLEANING / DISINFECTION CONTROL SHEET**

**Airport Area:** \_\_\_\_\_

*This airport area disinfection was made in accordance with the recommendation of the World Health Organization, at a frequency determined by the National Public Health Authority and in accordance with approved products and application instructions.*

Date (dd/mm/yy)	Time (24hr)	Areas	Cleaning/Disinfectant product	Disinfectant name and signature
		Floor <input type="checkbox"/> Seats <input type="checkbox"/> Counter <input type="checkbox"/> Screening equipment <input type="checkbox"/> Conveyor belts <input type="checkbox"/> Hand railings <input type="checkbox"/> Elevators <input type="checkbox"/> Baggage Trolley <input type="checkbox"/> Washroom <input type="checkbox"/> Information Desk <input type="checkbox"/> Boarding Area <input type="checkbox"/> Stanchions / queues <input type="checkbox"/> Self-service kiosks <input type="checkbox"/> Sanitization stations <input type="checkbox"/> Other <input type="checkbox"/>	<div style="border-bottom: 1px solid black; height: 40px;"></div> <i>Remarks</i>	

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