

**Professional Development Tool
Laundry Inspection Guide**

This is a tool to help you assess the capabilities of your laundry provider.

Laundry Facility Demographics

Date Toured
Laundry Name
City, State
Pounds of Healthcare Processed Annually
% of Healthcare vs Non-Healthcare <25% 25 - 75% 75 - 100%
 >25% Minimum Recommended

Soil Sort Area

Are soil sort employees trained in the BBP Regulation Yes No

Are Hepatitis B shots offered Yes No

In addition to soil sort employees, who else receives Hep B shots (Maintenance, Drivers?) [\[Describe\]](#)

Is there routine disinfection and cleaning in this area (It should be documented) Yes No

Is there regular communication back to the hospital related to Sharps found in the linens Yes No

How is functional separation achieved between the clean and soil processing areas? Barrier Wall Airflow

Are linens washed in high temp or low temp? High Temp Low Temp

If low temp, are chemicals designed for low temp? Yes No

Is water quality tested periodically to ensure chemical effectiveness? Yes No

Visual Cues During the Tour

Universal Precaution signs at soil area entrance Yes No

General cleanliness of area (dry and clean floors) Fair Good Excellent

Use of PPE by soil sort employees Yes No

Hand hygiene stations available Yes No

Additional Observations and Notes

[\[Describe here\]](#)

This form was created in Excel 2007.

Macros must be enabled.

Finish Area (Drying, Ironing, Folding)	
What is the blow-down (lint removal) schedule	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly
How are linens protected during blow-down	[Describe method]
Is there a documented preventive maintenance & cleaning routine for finishing equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees have access to documented quality control standards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are quality control issues and resolutions documented	<input type="checkbox"/> Yes <input type="checkbox"/> No
How are inventory levels monitored? (Physical inventory, linen software, other)	[Describe method]
Visual Cues During the Tour	
Lint build-up on equipment, floors and ceilings	<input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Minimal or None
General cleanliness of area (clean and dry floors)	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Traffic patterns should ensure soil and clean carts are not coming into contact with each other	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Employee PPE cleanliness	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Additional Observations and Notes	
[Describe here]	

Staging and Storage Areas	
Is cart cleaning method manual or automated	<input type="checkbox"/> Manual <input type="checkbox"/> Automated
How are clean linens protected prior to delivery (where are they staged, wrapped)	[Describe]
Are linens stored for more than 72 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where are they stored	<input type="checkbox"/> Designated Room <input type="checkbox"/> Carts <input type="checkbox"/> Other
Note: Staging and storage are different processes.	[Describe Other]
is there a documented schedule for cleaning the storage area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Cues During the Tour	
General cleanliness of area (floors, carts)	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Are staged textiles wrapped or covered	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Observations and Notes (Staging/Storage)

[\[Describe here\]](#)

Delivery Vehicles

Is there a documented cleaning schedule for vehicles Yes No

Are hand sanitizer, utility gloves or spill kits provided in delivery vehicles? Yes No

Are clean and soil linens transported at the same time? Yes No

If so, how are both contained (soil) and protected (clean)? [\[Describe\]](#)

What type of training do drivers receive BBP Proper Linen Handling None

Visual Cues During the Tour

Vehicle cleanliness: cab Fair Good Excellent

Vehicle cleanliness: back Fair Good Excellent

Additional Observations and Notes

[\[Describe here\]](#)

Surgical Pack Assembly Room

Does the laundry have a pack room? Yes No *If no, move to next section*

Is there a PPE requirement for employees? Yes No

Is access restricted? (Look for a sign) Yes No

Does the room have its own HVAC System? Yes No

Is temperature and humidity monitored and documented routinely? Yes No

Is there specific training designed for pack room employees? Yes No

Do employees have access to documented pack room quality standards? Yes No

Visual Cues During the Tour

Pack room has real doors, not curtains or strips Yes No

Hand hygiene stations are available Yes No

Pack room is lint-free Yes No

Additional Observations and Notes (Pack Room)

[\[Describe here\]](#)

General Overall Issues

- | | | | |
|--|-------------------------------|-------------------------------|------------------------------------|
| Leadership's knowledge of healthcare linen issues | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Employees appeared well trained and competent | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Overall plant cleanliness | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Laundry is accredited | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If no, is laundry planning to be accredited within the next six months | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is laundry a member of any trade organizations (an indication of commitment to continuing education and improvement) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does laundry participate in any voluntary environmental programs (energy, water)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Additional Observations and Notes

[\[Describe here\]](#)

Facility Toured by
Name
Title
Hospital Name