



PHILIPPINE GENERAL HOSPITAL
The National University Hospital
University of the Philippines Manila
Taft Avenue, Manila
PHIC-Accredited Health Care Provider
ISO 9001 Certified

JANITORIAL SERVICE PERFORMANCE EVALUATION

Period Covered: From _____, 20____ to _____, 20____

Description/Type of Service: ☐ Regular ☐ Other/s _____

Name of the Authorized Evaluator: _____ Designation: _____

Dept./Unit/Section: _____ Date of Evaluation: _____

Area/s Evaluated		
Dept./Unit/Section	Room/Ward No.	Other/s (please specify)

Please indicate your performance rating of the Janitorial Services by putting a check (✓) in the appropriate boxes against the headings listed.

Note: The Janitorial tasks may differ depending on area of assignment. Please indicate N.A. if task/s are not applicable in the designated area of assignment.

Please refer to the following rating guide in answering:

5	4	3	2	1
Excellent	Very Satisfactory	Satisfactory	Fair	Poor

Please rate the following performance indicators:		Performed high degree of cleanliness and sanitation; 5	Performed job well with minimal supervision 4	Performed Job but needs supervision and improvement. 3	Performed job but needs to be instructed for the assigned job/task. 2	Performed job below expectations. 1	Not Applicable (N/A)
A. Cleanliness and Orderliness of the assigned area/s							
1.	Does damp-dusting of ramps, walls, windows, window ledges and panels, blinds, railings, doors and other surfaces of patient's room/area, nurses station, kitchen and utility rooms.						
2.	Scrubs/disinfects floors, applies wax and polishes, removes sticky substances (bubble gum, etc.)/stains on the floor						
3.	Cleans walls (to include door and door/window frames) and ceilings by washing, wiping, dusting, spot cleaning, disinfecting/deodorizing, removing cobwebs on the ceiling and corners of walls, etc.						

4.	Does general cleaning/ disinfecting/ deodorizing patient's room/office/assigned area.						
5.	Does general cleaning of room before admission of new patient						
6.	Cleans hallways, to include sweeping, mopping wash, machine scrubbing/polishing tiled floors, stairway and elevator.						
7.	Collects and transports segregated and labelled/coded health care wastes from the point of generation to the waste storage area/s in closed/covered/sealed transport bins/carts..						
8.	Washes and decontaminates waste bins and arranges such with appropriate color-coded plastic bags and replaces them as necessary.						
9.	Cleans/disinfects/deodorizes sinks, toilets, urinals, splashback, bins, partitions, mirrors, damp mop floor, etc.						
10.	Other tasks that may be designated by the office with regards to additional janitorial functions.						
B. Overall Practices and Behavior in Performing Janitorial Services		5	4	3	2	1	N/A)
1.	Follows established safety procedures and precautions when performing tasks and when using equipment and supplies.						
2.	Follows proper and safe techniques/methods including using appropriate personal protective equipment (PPE), when mixing chemicals, disinfectants and solutions used for cleaning.						
3.	Wears prescribed uniform and ID						
4.	Demonstrates respectful, courteous and considerate conduct.						
5	Shows initiative and positive attitude towards work.						
6	Arrives on time as per schedule of cleaning.						

C. Provision of Supplies	Yes	If "No", why?	Remarks/Reasons
1. Supplies are delivered on time			
2. Supplies are of good quality			
3. Supplies are sufficient for the duration intended for use			

To be accomplished by Office and Custodial Services (OCS) ONLY.

D. Compliance with Regulatory Requirements and Health Care Waste Management	<u>5 - 2 Rule shall apply</u> 100% = 5 Less than 100% = 2					
1. Compliance with the existing terms and conditions as stated in the Memorandum of Agreement (MOA)						
2. Compliance with Health Care Waste Management Protocols of the institution in the following activities:						
a. Follows proper health care waste segregation and disposal						
b. Ensures that established infection control and universal precaution protocols are followed when performing housekeeping/janitorial procedures.						
E. OVERALL PERFORMANCE OF THE JANITORIAL SERVICES						

Do you have any comments / suggestions for improvement?

Thank you very much for answering this form.

(Signature Over Printed Name of the Evaluator)

NOTE: Please return accomplished form to the _____ on _____, 20_____.