

# WEEKLY CLEANING SCHEDULE

For the Week Ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Location \_\_\_\_\_

Item to Clean	Cleaning Product	Method	Frequency & Responsibility	Completed! <i>(tick off when done)</i>
<b>Floors</b> <i>(scrub in corners and around fittings)</i>			Frequency: <b>DAILY</b> Person responsible: _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Kitchen Walls</b> <i>(behind sinks, preparation and cooking areas)</i>			Frequency: <b>DAILY</b> Person responsible: _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Prep Benches</b>			Frequency: <b>DAILY</b> Person responsible: _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Food Display Units</b>			Frequency: <b>DAILY</b> Person responsible: _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Cooking and Frying units</b>			Frequency: <b>DAILY</b> Person responsible: _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Cutting Boards</b>			Frequency: <b>DAILY</b> Person responsible: _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Microwave</b>			Frequency: <b>DAILY</b> Person responsible: _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Kitchen Refuse Bins</b>			Frequency: <b>DAILY</b> Person responsible: _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday