Daily Cleaning Schedule Record Sheet

Please refer to the manufacturer’s cleaning instructions, including dilution rates, and your Control of Substances Hazardous to Health Assessment for safety details. Always use the protective equipment provided and don’t mix any chemicals. Please sign/initial in the boxes below when the cleaning has been completed. At the end of the week please return to the supervisor for filing.

## Sheet \_\_ of\_\_ Week Commencing\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
| **am** | pm | **am** | pm | **am** | pm | **am** | pm | **am** | pm | **am** | pm | **am** | Pm |
| Fridge handles |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Table top Cooked area |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Table top raw meat area |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Table top Vegetable prep |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sinks Veg Prep |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dishwash |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Floor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Handwash basin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Food sink cooked |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Food Sink Raw |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Food Sink Veg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Etc |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Etc |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Checked by Supervisor’s  Signature |  |  |  |  |  |  |  |  |  |  |  |  |  |  |