

# Name of Company

## WEEKLY CLEANING SCHEDULE

For the Week Ending ..... / ..... / .....

Location.....

Item to Clean	Product Name	Method	Frequency	Person Responsible	Time & Day Completed	Check
			Frequency: .....	Responsibility of: .....	Time: Day: .....	Tick this box when task is complete <input type="checkbox"/> <input type="checkbox"/>
			Frequency: .....	Responsibility of: .....	Time: ..... Day: .....	Tick this box when task is complete <input type="checkbox"/> <input type="checkbox"/>
			Frequency: .....	Responsibility of: .....	Time: ..... Day: .....	Tick this box when task is complete <input type="checkbox"/> <input type="checkbox"/>
			Frequency: .....	Responsibility of: .....	Time: ..... Day: .....	Tick this box when task is complete <input type="checkbox"/> <input type="checkbox"/>
			Frequency: .....	Responsibility of: .....	Time: ..... Day: .....	Tick this box when task is complete <input type="checkbox"/> <input type="checkbox"/>
			Frequency: .....	Responsibility of: .....	Time: ..... Day: .....	Tick this box when task is complete <input type="checkbox"/> <input type="checkbox"/>
			Frequency: .....	Responsibility of: .....	Time: ..... Day: .....	Tick this box when task is complete <input type="checkbox"/> <input type="checkbox"/>
			Frequency: .....	Responsibility of: .....	Time: .....	Tick this box

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			.....	.....	Day: .....	when task is complete <input type="checkbox"/> <input type="checkbox"/>
			Frequency: .....	Responsibility of: .....	Time: ..... Day: .....	Tick this box when task is complete <input type="checkbox"/> <input type="checkbox"/>