

Name of Company

MASTER SANITATION SCHEDULE

All equipment that does not have to be cleaned daily **[Specify, ex: after each use]** must be included on the schedule to ensure that it is cleaned when needed or required.

M = monthly; **Q** = quarterly; **S** = semi-annually; **Y** = yearly Year: _____

Instructions: initial and date the columns when the cleaning is completed.

[illegible]