Name of Company

WEEKLY CLEANING SCHEDULE For the Week Ending/........

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
			Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete
			Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete
			Frequency:	Responsibility of:	Time:	Tick this box when task is complete
			Frequency:	Responsibility of:	Time:	Tick this box when task is complete
			Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete
			Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete
			Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete
