Name of Organization: ABC   Standard: FSSC 22000

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
			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: ………… 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

_____

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