

CLEANING SCHEDULE

Week Ending: _____

Item	Frequency of Cleaning			Safety Measures	Method of Cleaning	Chemicals Used (Dilution info)	Person Responsible
	After Use	Daily	Weekly				
Food Contact Surfaces:							
Worktops							
Work Tables							
Cutting Boards							
Sinks							
Hand Contact Surfaces:							
Faucets, door handles etc							
Food Contact Equipment:							
Containers							
Pots & pans							
Knives							
Serving Utensils							
Food Storage Equipment:							
Coolers							
Freezers							
Display Cabinets							
Slicing Equipment							
Trash Bins							
Trash bin area							

Manager: Check cleaning frequently and sign off if completed.

Signed: _____ Date: _____

