

DEEP CLEANING SCHEDULE - MONTHLY

Date _____

Equipment to Be Cleaned	Details of Cleaning	Chemicals to Be Used	Safety Clothing	Manager Confirmation
Behind Stoves/Ranges				
Behind Fridge/Freezers				
Extraction Hoods & Filters				
Walls				
Floors				
Ceilings				
Windows				
Cupboards / Shelves				
Garbage Areas				
Dry Storage				
Receiving Areas				

After cleaning, the Manager should inspect and sign off on each area cleaned.

Add any equipment or fixtures relevant to your operation.

Signed: _____ Date: _____

