**Food Safety – Weekly Cleaning Schedule**

**Week/Date:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Area/equipment to be cleaned | Frequency of cleaning | Method of cleaning | Designated cleaner | Signed by cleaner | | | | | | | Managers signature |
| M | T | W | T | F | S | S |
| *{insert area/equipment to be cleaned, i.e. floors}* | *{insert frequency, i.e. daily}* | *{insert cleaning method, i.e. swept then mopped with cleaning solution}* | *{insert name of person or position responsible for the task}* |  |  |  |  |  |  |  |  |
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