

Daily / Weekly / Monthly Cleaning Schedule

Month: _____ Year: _____

Business Name:

Daily Tasks– each task initialled each day / Weekly Tasks– each task initialled minimum once per week / Monthly & Quarterly Tasks– each task initialled minimum once per month / quarter.

Area/Equipment	Person Responsible	Frequency	Week Starting:							Week Starting:							Week Starting:							Week Starting:						
			M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
		Daily																												
		Daily																												
		Daily																												
		Daily																												
		Daily																												
		Daily																												
		Daily																												
		Daily																												
		Daily																												
		Daily																												
		Daily																												
		Daily																												
		Daily																												
		Weekly																												
		Weekly																												
		Weekly																												
		Weekly																												
		Weekly																												
		Weekly																												
		Monthly																												
		Monthly																												
		Monthly																												
		Monthly																												
		Monthly																												
		Quarterly																												
		Quarterly																												

Corrective Actions / Notes:

Food safety supervisor to review and sign: _____ Date: _____