Monthly Cleaning and Sanitation Schedule

| Month: | Year: |
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Business Name:

Week Starting: Week Starting: Week Starting: Week Starting: Person Area/Equipment Frequency Responsible M T W T F S S M T W FS SM Т W F S S M T W T F S S Т Т Daily Weekly Weekly Weekly Weekly Weekly Weekly Weekly Weekly

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.

Corrective Actions / Notes:

Food safety supervisor to review and sign: _____

Monthly Cleaning and Sanitation Schedule

Month: Year:

Business Name:

| Area/Equipment Person Responsible | | Frequency | Week Starting: | | | | | | Week Starting: | | | | | | | Week Starting: | | | | | | | Week Starting: | | | | | | | |
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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

Corrective Actions / Notes:

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