

# Monthly Cleaning and Sanitation 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
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Corrective Actions / Notes:

Food safety supervisor to review and sign: \_\_\_\_\_ Date: \_\_\_\_\_

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			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
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Corrective Actions / Notes:

Food safety supervisor to review and sign: \_\_\_\_\_ Date: \_\_\_\_\_