Food Safety – Monthly Cleaning Schedule

Month: _____

Area/equipment to be cleaned	Method of cleaning	Designated cleaner	Cleaning completed		Managers signature
			Date	Signature	
{insert area/equipment to be cleaned here, i.e. exhaust canopy}	*{describe how cleaning is to occur, i.e. remove filters and soak in sink, wipe out interior of exhaust canopy}*	*{insert name or position responsible for undertaking the task}*			