## 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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