

Cleaning Schedule Template

Business:				
Address:				
Dates:				
Item #	Areas to be Cleaned	Cleaning tools and products	Procedure	How Often?
1	e.g. Kitchen floors	Mop, bucket, hot water, floor cleaner/bleach, etc.	Mop all floors in the kitchen with floor cleaner/bleach at the end of the day, everyday.	Twice daily (before and after hrs)
2				
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Cleaning Schedule Template

Business:																
Address:																
Dates:																
Date	Comments	Job Item Number (tick which have been completed)														Signature (Name)
		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	
e.g. 1/1/2013	Item #2 done at 7am & 6pm	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		John Doe

Files to be kept on site at all times and are to be kept up-to-date (please photocopy this page for further use)