

[illegible]

Task	Frequency (i.e. Daily, weekly, monthly)	COMPLETION						
		Initial box when cleaning completed. If task not applicable add 'n/a'.						
		MON	TUE	WED	THU	FRI	SAT	SUN

Review the schedule regularly and check that all cleaning is being carried out properly. Notify the manager/ supervisor if anything is wrong.

Checked and all satisfactory: Date: _____ Signed: _____ (Manager/ Supervisor)