



CLEANING CHECK LIST

Day: _____

Date: _____

| Routine Cleaning | Time | Signature | Name | Remarks |
|------------------|------------|-----------|------|---------|
| Routine Cleaning | 7:00 AM | | | |
| Routine Cleaning | 8:00 AM | | | |
| Routine Cleaning | 9:00 AM | | | |
| Routine Cleaning | 10:00 AM | | | |
| Routine Cleaning | 11:00 AM | | | |
| Routine Cleaning | 12:00 Noon | | | |
| Routine Cleaning | 1:00 PM | | | |
| Routine Cleaning | 2:00 PM | | | |
| Routine Cleaning | 3:00 PM | | | |
| Routine Cleaning | 4 :00 PM | | | |
| Routine Cleaning | 5:00 PM | | | |
| Routine Cleaning | 6:00 PM | | | |
| Routine Cleaning | 7:00 PM | | | |

Checked By: _____

Verified By: _____