Kitchen cleaning schedule

Plan the task, follow the product instructions and record who completed and checked the work.

Business / kitchen _____ **Week beginning** _____

Area / equipment	Method / product reference	Frequency	Completed by / date	Checked by

Follow the current product instructions for dilution, contact time and safe use. Record exceptions below.

Exceptions / follow-up _____

Use with your reviewed food safety procedures. Not an official FSA form or a completed SFBB record.

Want connected records and QR filing? Visit www.sarniankitchen.co.uk