**CLEANING CHECKLIST**

(PLEASE INITIAL WHEN DONE)

**Week Commencing:………………………………**

|  |  |  |
| --- | --- | --- |
| **What** | **WED** | **FRI** |
| DATE: |  |  |
| **RECEPTION** |  |  |
| HOOOVER RECEPTION & ENTRANCE LOBBY CARPET |  |  |
| WIPE DOWN RECEPTION DESK |  |  |
| DUST FRAMES & LEDGES |  |  |
| WIPE DOWN YELLOW STOOLS |  |  |
| HOOVER WELCOME MAT  |  |  |
|  |  |  |
| **CHANGING ROOMS** |  |  |
| CLEAN SHOWERS & SHOWER HEADS |  |  |
| POLISH SHOWER DOORS – NO DRIP MARKS |  |  |
| WIPE DOWN YELLOW STOOLS  |  |  |
| DUST LOCKERS INSIDE & OUT |  |  |
| POLISH MIRROR |  |  |
| HOOVER THEN MOP VINYL FLOOR |  |  |
|  |  |  |
| **TOILETS** |  |  |
| CLEAN & DISINFECT EACH TOILET |  |  |
| CHECK FILL TOILET ROLL HOLDERS |  |  |
| CLEAN EACH SINK & POLISH TAPS |  |  |
| CHECK AND FILL SOAP DISPENSERS |  |  |
| HOOVER THEN MOP TOILET AREA FLOOR |  |  |

**STAFF SIGN OFF:…………………………………………………**

**FILE COMPLETED WEEKLY SHEETS IN HEALTH & SAFETY FILE IN APPROPRIATE SECTION**