Client

Weekly Cleaning

Enter the date tasks are performed in the Date box and mark yes for each task that is completed.

Sign for each date at the completion of all tasks.

Operations /Quality Manager will verify tasks are performed and sign/date form at the end of the week.

WEEKLY CLEANING Performed by contracted Janitorial Service

Dusting horizontal surfaces and wall - mounted pictures \bigcirc yes \bigcirc no

Disinfect phones \bigcirc yes \bigcirc no

Clean and polish water fountains and surrounding areas including floors and walls \bigcirc yes \bigcirc no

Clean trash cans \bigcirc yes \bigcirc no

Clean interior glass doors and windows \bigcirc yes \bigcirc no

Clean and disinfect commodes/urinals, waste receptacles, floors, clean all restroom walls and stall dividers with a disinfectant solution, clean wash basins and mirrors, replenish paper products and soaps, clean any dispensing units, dust ceilings, vents and walls

 \bigcirc yes \bigcirc no

Brush	wall	registers/vents	as	needed
⊖yes	\bigcirc	no		

Inspect for and clean cobwebs as needed \bigcirc yes \bigcirc no

Date mm/dd/yyyy

Date

mm/dd/yyyy

Date

mm/dd/yyyy

Date

mm/dd/yyyy

Date

mm/dd/yyyy

Date

mm/dd/yyyy

Date

mm/dd/yyyy

Date

mm/dd/yyyy

Signature

Weekly Cleaning Performed by warehouse personnel

Wipe down Shrink wrapper and pallet jack to prevent excess dust build up O yes O no Date

mm/dd/yyyy

Signature

Verified By

Client

mm/dd/yyyy

Submit	Print
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