**Food Safety – Monthly Cleaning Schedule**

**Month:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area/equipment to be cleaned | Method of cleaning | Designated cleaner | Cleaning completed | Managers signature |
| **Date** | **Signature** |
| *{insert area/equipment to be cleaned here, i.e. exhaust canopy}* | *{describe how cleaning is to occur, i.e. remove filters and soak in sink, wipe out interior of exhaust canopy}* | *{insert name or position responsible for undertaking the task}* |  |  |  |
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