CLEANING SCHEDULE

**FORM 1**

Department …………………………………………… Week commencing………………

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ITEM | FREQUENCY | How to be cleaned  Equipment Chemical | | Who By | PPE | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Supervisors Signature: |
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