Schedule - Sanitation Sample



Facility:

acceptable.

If you require any assistance please call 514-700-1567

Area	Employee Break Rooms / Bathrooms	Floors	Grids	Hoist, Overhead Light Fixtures	Maintenanc e Areas
Cleaning / Sanitation Method	Wash, rinse	Wash, rinse	Brush, rinse	Wipe, clean	Scrub, rinse
Tools	Nylon brush, sanitary brushes	Hard bristle broom (not straw), floor scrubbers, low pressure hose	Nylon brush, high water pressure machine	Cleaning pad	Nylon brush
Cleaning Materials	Chlorine-based soap or quat	Chlorine-quat-or iodine based cleaner	Chlorine-alkaline detergent	Water, light detergent	Degreasing agent
Frequency	Frequently throughout the day	Daily	Daily	Once / Quarter	Once / Month

Comments:	Authorized Signature::
	Date:
	Time:
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Area	Overhead pipes, electrical conduits, structural beams	Plastic curtains	Refrigeration coils	Walls	Waste, dumpster areas
Cleaning / Sanitation Method	Foam, brush	Foam, rinse	Rinse, sanitize	Foam, brush, rinse	Foam, brush, rinse
Tools	Brush, bucket, high water pressure machine	Foam and Rinse	High pressure hose	Soft nylon brush and High Pressure Hose (when appropriate)	Nylon brush, high water pressure machine
Cleaning Materials	Chlorine-quat-based cleaner	Chlorine-quat- based cleaner	Water, sanitize with quat	Chlorine- Quaternary ammonium ("quat")-based cleaner	Heavy duty chlorine-based cleaner
Frequency	Once / Month	Once / Week	Once / Quarter	Once / Month Walls adjacent to processing equipment should be cleaned daily	Daily

Comments:	Authorized Signature::	
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Area	Air Distribution Filters	Ceiling	Chillers	Doors	Drains, Trench
Cleaning / Sanitation Method	Soak	Foam, brush, rinse	Scouring	Foam, scrub, rinse	Clean, flood, rinse
Tools	Plastic bins	Nylon brush, high pressure machine	Scouring pad	Scouring pad, cloth	Soft Nylon brush, 50 gallon container
Cleaning Materials	Chlorine-alkaline detergent	Chlorine-quat-based cleaner	Acid cleaner	Chlorine-quat- based cleaner	Chlorine-alkaline detergent, quat or iodine based sanitizer
Frequency	Once / Quarter	Once / Month	As Needed / Audit	Once / Week	Daily

Comments:		Authorized Signature::
		Date:
		Time:
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