**Restaurant Cleaning Schedule Form**

**Restaurant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Week Starting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week Ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **ASSIGNED CLEANING TASKS**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Cleaning Staff Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Cleaning to be done:  
   ☐ Kitchen Area  
   ☐ Dining Area  
   ☐ Restrooms  
   ☐ Storage Area  
   ☐ Patio/Outdoor Seating**

### **CLEANING SCHEDULE TABLE**

| **Employee Name** | **Task Assigned** | **Date** | **Time Completed** |
| --- | --- | --- | --- |
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### **CLEANING GUIDELINES**

* **All cleaning tasks must be completed before shift ends.**
* **Supervisor inspection is required for task approval.**
* **If a cleaning task is not completed, the responsible employee must inform the manager.**

**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**