**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: \_\_\_\_\_\_\_\_\_\_\_**