

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: _____