## **Cleaning Monitoring Checklist**

Date	Room	Action required/taken	Action completed (date)	Supervisor (initials)
			(uate)	(iiitiais)

Cl	ear	nir	ıg
Sc	hed	hil	es

Room:

Item	Person responsib le	Product	Method	Frequency
Walls, doors, woodwork			Solution strength: Contact time: Apply with: Rinse with: Dry:	