Sanitation Checklist - Daily (use in conjunction with Sanitation Checklist - Weekly/Monthly/Quarterly)													Loc	atio	n:		 	 			
List date, name of individual overseeing cleaning, and check off each item cleaned when completed. File completed records under "Sanitation."																					
Date																					
Name																					
General																					
Wash/rinse/sanitize tables, counters, water fountains, and sinks																					
Empty and replace trash liner - wipe top with disinfecting wipes																					
Sweep floor (including cooler/freezer) to remove trash and debris																					
Vacuum carpet																					
Spot clean windows and door windows																					
Wash, rinse and sanitize in mop sink																					
Hang mop to drip dry in sink																					
Complete Sanitation Checklist – Weekly/Monthly/Quarterly as needed																					
Restrooms																					
Spot clean mirrors with glass cleaner																					
Refill soap, paper towels, and toilet paper as needed																					
Clean sink and fixtures with disinfecting wipes																					
Storehouse		•	•	•		•	•			•	•	•			•		•			•	
Wipe cooler/freezer door handles with disinfecting wipes																					
Wipe cooler/freezer door handles with disinfecting wipes																					
Keep product & containers free of dust and debris																					
Kitchen		•		•		•	•		•		•	•		•	•		•			•	
Clean microwave inside/outside with dish soap																					
Wipe microwave outside with disinfecting wipes																					
Exterior																			 		-
Sweep parking lot/sidewalks (or remove snow/ice) as needed																					
Screen on open windows & windows/doors closed when not used																					
Remove trash from landscaping																					
Empty trash containers - wipe lid/top with disinfecting wipes																					

(This form may be modified by the Field Manager to meet needs of local facility)