



Sanitisation Schedule

Kitchen

Date: / /

Initial when completed

No.	Equipment or surface	Frequency	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.
1.	Floors	DAILY																															
2.	Indirect Food Contact Surfaces	DAILY																															
3.	Sinks	DAILY																															
4.	Scales	DAILY																															
5.	Slicers	DAILY																															
6.	Food Mixer	DAILY																															
7.	Toaster	DAILY																															
8.	Rotisseries & Ovens	DAILY																															
9.	Hobs, Griddles & Grills	DAILY																															
10.	Microwave Oven	DAILY																															
11.	Work Surfaces & Preparation Tables	DAILY																															
12.	Cutting Boards & Blocks	DAILY																															
13.	Dishwasher	DAILY																															
14.	Counters & Display Cabinets	DAILY																															
15.	Hot Cabinet & Plate Warmer	DAILY																															
16.	Bain Marie	DAILY																															
17.	Waste Bins	DAILY																															
18.	Hand Wash Sinks	DAILY																															



Completion of Record

1. Photocopy template cleaning record. Enter date in top box.
2. Complete record throughout the month.
3. At end of month file record. (as evidence of cleaning carried out).