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| **Unit Name:** |  | **Unit No:** |  |
| **Location:** |  | **Week Ending Date:** |  |
| **Cleaning Task** | **Frequency** | **Cleaning Product** | **Person Responsible** | **Relevant daily box to be initialled by the person responsible when completed** |
| **MON** | **TUE** | **WED** | **THU** | **FRI** | **SAT** | **SUN** |
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| **COMMENTS AND CORRECTIVE ACTION:** |
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**Cleaning Record to be made unit specific in line with the unit Cleaning Schedule Cleaning tasks to be signed off daily or weekly depending on the cleaning frequency, the person**

**Manager to check the record form and sign before filing weekly - Retain for 6 months cleaning the item is to initial relevant box once the cleaning is completed.**

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|  CHECKED BY MANAGER:  | DATE:  |

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| **Unit Name:** |  | **Unit No:** |  |
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