

CLEANING RECORD FOR PROCESSING AREA

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Name of Area: _____ Month and Year: _____

Date	Daily floor /coving cleaning			Riser Grill/ View glass/ Wall, Door, Waste Bin, platform, table, chair (Daily)	Drain Cleaning & Sanitization\$		Ceiling, Stand, cupboard, Light fixtures (Weekly)	Done by (Name)	Checked by (Sign)
	Disinfectant Used (2.5% Dettol / Savlon)	Cleaning			Disinfectant Used (5% Dettol / Savlon)	Drain/Sink cleaning& Sanitization			
		Start of shift	End of shift						

Note: Put '√' after verification of cleaning activity and put '-' in case of activity for not applicable. \$ Perform the Drain cleaning and sanitization daily in the morning and after Type- B cleaning.