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Date	Name of Cleaning Operative (Print)	Notes	Sanitation Complete	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time			4 As necessary	
<input checked="" type="checkbox"/>				
<input type="checkbox"/>				
GENERAL				
	Wash / Rinse / Sanitize Tables and Counter Tops			
	Wash / Rinse / Sanitize Water Fountains and Sinks			
	Ensure Drinking Water is Clearly Identified			
	Sweep Floor			
	Vacuum Carpet			
	Spot Clean Windows and Door Windows			
	Wash / Rinse / Sanitize Mop Sink			
	Hang Mop to Drip Dry in Sink			
	Ensure Pest Control Measures in place			
RESTROOMS				
	Spot Clean Mirrors with Glass Cleaner			
	Refill Soap, Paper Towels and Toilet Paper as Needed			
	Clean Sink and Fixtures with Disinfecting Wipes			
	Clean Showers with Disinfecting Wipes			
KITCHEN / STORAGE AREAS				
	Clean Floor of Freezer / Cooler			
	Disinfect Cooler / Freezer Door Handles with Wipes			
	Ensure Product & Containers are Free of Dust / Debris			
	Clean Microwave Inside / Outside with Dish Soap			
	Wipe Microwave Outside with Disinfecting Wipes			
	Clean other Electrical Appliances			
EXTERIOR				
	Sweep Parking Lot / Sidewalks as needed			
	Screen on Windows / Doors Closed when not Used			
	Remove Trash from Landscaping			
	Empty Trash Containers			
	Disinfect Trash Container Lid			

DAILY SANITATION CHECKLIST

SANITATION RECORD

Mark ' ' in Boxes when complete
 Mark ' X ' in every box requiring attention
 Mark ' N/A ' in every box not applicable

Signature of Cleaning Operative