

Monthly Kitchen Cleaning Schedule

Month: _____ Year: _____ Center: _____

	Frequency	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
Mixer, Food Processor, Microwave	Daily as needed																									
Food Transport Container and Food Carts	Daily as needed																									
Pots & Pans, Sink (s), Cutting Boards	Daily																									
Floors, Trash Cans, Counter Tops	Daily																									
Stove, Oven & Racks	Bi-Weekly																									
Walls & Ceiling	Bi-Weekly																									
Dishwasher (Inc. inside door and deliming)	Bi-Weekly																									
Hood/Fan	Weekly																									
Windows and Cabinets (inside and out)	Weekly																									
Refrigerator	Weekly																									
Freezer (Clean & Organized)	Monthly																									

Check off the date in which the cleaning was done. At the end of the month period sign and date. Keep in a file for review.

Signature: _____ Date: _____

Cook will file and keep for one year.