**Daily/Weekly Cleaning Record**

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| --- |
| Business Name & Address: |
| Week commencing: ……../………/…………………. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Area/Item to be cleaned** | **Frequency of cleaning** | **Days of the week** | **Signature** |
|  |  | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |  |
| **Therapy Room**Massage bedLinenHard surfacesDoorknobs | Daily &after each client |  |  |  |  |  |  |  |  |
| **Bathroom**ToiletSinkPaper and sanitiser and soap dispensers | Daily &after each client |  |  |  |  |  |  |  |  |
| **Reception & Waiting area**WorktopBenchLaminated signs | Daily &after each client |  |  |  |  |  |  |  |  |
| **Desk station****Hand sanitiser station** | Daily &After each client |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**WEEKLY DEEP CLEANING** performed by: …………………………… ……../……./……….
 (signature) (date)