**Daily/Weekly Cleaning Record**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Area/Item to be cleaned** | **Frequency of cleaning** | **Days of the week** | | | | | | | **Signature** |
|  |  | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |  |
| **Therapy Room**  Massage bed  Linen  Hard surfaces  Doorknobs | Daily &  after each client |  |  |  |  |  |  |  |  |
| **Bathroom**  Toilet  Sink  Paper and sanitiser and soap dispensers | Daily &  after each client |  |  |  |  |  |  |  |  |
| **Reception & Waiting area**  Worktop  Bench  Laminated signs | Daily &  after each client |  |  |  |  |  |  |  |  |
| **Desk station**  **Hand sanitiser station** | Daily &  After each client |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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