

GUIDE TO SURVEYING FOR A CLEANING SCHEDULE

From: Company:

Establishment: Date:

Please add areas as required. Any areas that are not applicable, please cross out.

Areas to be Cleaned	What Material is the item made from? (eg. Stainless Steel)	Notes
SINKS		
WORKTOPS		
HAND WASH SINKS		
WASTE BINS		
EXTRACTION CANOPY		
HOBS		
OVENS <i>(Internal/External)</i>		
GRILL		
GRIDDLES		
DEEP FAT FRYERS		
HOT PLATE		
WARMING PLATE		
MICROWAVE		
FRIDGES <i>(Internal/External)</i>		
FREEZERS <i>(Internal/External)</i>		
DISHWASHER		
TOASTER		
WALLS		
FLOORS		
SHELVING		

Dear Christeyns

a) Please use these products while designing my cleaning schedule:

b) No specified products, please select as appropriate.

(Tick box)

(List required products)

N.B. Additional products may be required depending on kitchen materials.

