

RESIDENTIAL SANITIZATION LOG

Quality Assurance & Hygiene Maintenance Record

Location/Zone: _____

Attendant: _____

Month/Year: _____

DONE	SANITIZATION TASK	SURFACE TYPE	FREQUENCY	METHOD/AGENT
	Doorknobs, Handles & Light Switches	Metal / Plastic	Daily	70% Alcohol
	Kitchen Countertops & Sink Faucets	Stone / Stainless	Post-Use	Food-Safe San.
	Appliance Control Panels (Microwave/Oven)	Electronic Glass	Daily	Microfiber Wipe
	Toilet Flush Handle & Seat	Porcelain	Daily	Disinfectant Spray
	Shower Walls & Hardware	Tile / Chrome	Weekly	Anti-Microbial
	Remote Controls & Keyboards	Plastic	Daily	UV-C / Swab
	Upholstery & Soft Furnishings	Fabric	Weekly	Steam/Sanitizer

DONE	SANITIZATION TASK	SURFACE TYPE	FREQUENCY	METHOD/AGENT
	Floor Mopping (Hard Surfaces)	Wood / Tile	Bi-Weekly	pH Neutral Sol.
	Air Intake Vents & Grilles	Metal	Monthly	Vacuum/Filter Swap

Notes:

Supervisor Signature: _____ Date: _____