

ESSENTIAL INDOOR SANITATION CHART

Area: _____
 Month/Week: _____
 Supervisor: _____
 Facility ID: _____

SANITATION TASK	FREQUENCY	MTWTFSS	NOTES
High-Touch Surface Disinfection	Daily	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Knobs, switches, rails
Waste Removal & Bin Liners	Daily	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Seal bags properly
Floor Sanitization (Hard)	Daily	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	pH neutral cleaner
Restroom Deep Clean	Daily	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Full scrub required
HVAC Filter Inspection	Monthly	<input type="checkbox"/>	Check airflow
Upholstery Steam Clean	Quarterly	<input type="checkbox"/>	Fabric surfaces
Window/Glass Polishing	Weekly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Streak-free finish

Verification Signature: _____ Date: _____