

Systematic Bathroom Sanitizing Schedule

Location: _____ Month/Year: _____

TASK ITEM	FREQUENCY	S	M	T	W	T	F	S	
Disinfect High-Touch Points (Knobs/Levers)	DAILY								
Sanitize Toilets & Urinals	DAILY								
Scrub Sinks & Countertops	DAILY								
Mop Floors with Germicidal Solution	DAILY								
Refill Soap & Paper Dispensers	DAILY								
Polish Mirrors & Brightwork	WEEKLY								
Deep Scrub Wall Tiles & Grout	WEEKLY								
Clear Exhaust Vents & Dusting	MONTHLY								<i>Date Performed:</i> _____

Verified By: _____ Date: _____