

# KITCHEN, DINING AND FOOD STORAGE CLEANING CHECKLIST

Staff Name \_\_\_\_\_

**NOTE! WEAR DISPOSABLE GLOVES!**

Clean	Clean and Disinfect	Clean and Sanitize
<p style="text-align: center;"><b><u>DAILY</u></b> <b><u>OR AS NEEDED</u></b></p> <p>_____ walls</p> <p>_____ oven</p> <p>_____ stove</p> <p>_____ hood</p> <p>_____ refrigerator</p> <p>_____ freezer-defrost when ½" ice build up is visible</p> <p>_____ cabinets</p> <p>_____ ceilings</p> <p>_____ light fixtures</p> <p>_____ vents</p> <p>_____ ceiling fans</p> <p style="text-align: center;"><b><u>BEFORE EACH USE</u></b></p> <p>_____ table tops and high chair trays immediately before use!</p> <p>_____ food prep surface</p>	<p style="text-align: center;"><b><u>DAILY</u></b></p> <p>_____ kitchen floor</p> <p>_____ dining area floor</p> <p>_____ food storage floor</p> <p>_____ trash cans</p> <div style="text-align: center;">  </div> <p style="text-align: center;"><b>Stock Daily</b></p> <p style="text-align: center;"><b><u>HANDWASHING</u></b> <b><u>AND SINK</u></b> <b><u>SUPPLIES</u></b></p> <p>_____ soap</p> <p>_____ paper towels</p> <p>_____ trash can</p> <p>_____ plastic liners</p>	<p style="text-align: center;"><b><u>AFTER EACH USE</u></b></p> <p>Food-Contact Surfaces</p> <p>_____ dishes</p> <p>_____ cups</p> <p>_____ chef's thermometer</p> <p>_____ utensils</p> <p>_____ can openers</p> <p>_____ pots</p> <p>_____ pans</p> <p>_____ counters - before and after</p> <p>_____ table tops used for eating or serving food</p> <p>_____ cutting boards</p> <p>_____ slicers</p> <p>_____ other food equipment</p> <p>_____ food preparation sink(s)</p> <p>_____ ware washing sinks and drain boards</p> <p>_____ ice trays and bins</p> <p>_____ high chair trays</p> <p>_____ bottles, nipples</p>

**NOTE!** Your cleaning assignments are circled. Complete these tasks by \_\_\_\_\_ date/time. Place your initials on the line after each item is cleaned, disinfected and sanitized. Once completed, return this checklist to \_\_\_\_\_ staff title/name.



Immediately clean any surface soiled with body fluids (blood, saliva, mucus, vomit, urine, stool, eye or wound drainage). Follow *Body Substance Clean-Up Policy*.

See RESTROOM CLEANING CHECKLIST for restroom items.



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