



FOOD PREMISES CLEANING SCHEDULE CHARTS

Every premises where food is sold should have a cleaning schedule to make sure all equipment and areas are cleaned and checked regularly.



Food Premises Cleaning Schedule Charts

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The Food Act 2003 requires all food businesses to comply with the Food Standards Code and Food Safety Standards.

The following definitions are stated in the Food Safety Standards (Chapter 3 of the Food Standards Code);

CLEAN – *means clean to touch and free of extraneous visible matter and objectionable odour.*

i.e. clean with hot soapy water.

SANITISE – *means to apply heat or chemicals, heat and chemicals, or other processes, to a surface so that the number of micro-organisms on the surface is reduced to a level that:*

- (a) does not compromise the safety of food with which it may come into contact; and*
- (b) does not permit the transmission of infectious disease.*

i.e. Sanitise with a food grade sanitiser. Sanitisers can be purchased to dilute, so as to be used as a no-rinse sanitiser. Any sanitiser that does not stipulate a direction for use as no-rinse, would need to be washed off after application.



Food Premises Cleaning Schedule Charts

CLEANING SCHEDULES

Every premises where food is sold should have a cleaning schedule to make sure that all equipment and areas are cleaned and checked regularly.

Advantages of a Cleaning Schedule

- Everything is cleaned regularly
- If someone is away, you know exactly what has to be done by someone else
- If something goes wrong you know who is responsible
- It means cleaning is organised.

Who Makes up the Cleaning Schedule?

- Managers and Supervisors – with staff input
- It is very important that it is kept updated as staff members may leave or change jobs.

A Schedule Includes:

1. **Item(s) to be cleaned** – Make a list of all the areas and pieces of equipment that need to be cleaned. This basically means everything inside and outside of your premises. Whilst that sounds daunting some items can obviously be grouped together to make the list shorter
2. **Product name** - Next to each item listed to be cleaned, identify the exact cleaning product to be used. For some items several products may be required e.g. de-greasers, cleaners and sanitisers. All products should be listed in order to assist with work flow.
3. **Cleaning method** – Describe how the product is to be used e.g. straight or diluted, and how the person carrying out the task must use it e.g. wipe with cloth, spray and leave, scrub then sanitise.
4. **Cleaning frequency** – State how often cleaning must be carried out e.g. daily, after each use, between raw & cooked foods, monthly or as required
5. **Person responsible** – State the name of the staff member assigned to carry out this task. In some cases the title of the job holder can be used instead
6. **Completed** – Leave a section of the schedule free for the responsible person to sign off on when they complete the actual task. This is not required on master copies but is essential for working documents.



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RECOMMENDED CLEANING FREQUENCY

1. DAILY – or more often as required

- **Equipment and utensils** – machine/hand wash; store clean and dry.
- **Dishwashing machine** – clean interior, underneath and behind.
- **Appliances** – wash and scrub all parts in contact with food. Sanitise. Wipe down other items.
- **Work benches** – scrub surface. Wipe down frame. Sanitise.
- **Basins and sinks** – wash down and wipe wall surrounds and frame.
- **Floor** – sweep to remove all coarse materials/scraps and mop with detergent and disinfectant.
- **Waste bins in kitchen** – remove all waste and recyclables bins/bags from preparation and serving areas. Wipe wall surrounds. Wash and sanitise all waste and recyclables storage containers.
- **Toilets** – wipe around (disinfect).
- **Mop heads** – wash in hot soapy water, sanitise, hang to dry.
- **Brushes and dishcloths** – wash in hot soapy water, sanitise and hang to dry.

Note: All food items returned to store or refrigerator e.g. bottled condiments, seasonings/ prepared food to be covered, labels provided and dates checked.

2. WEEKLY OR MORE OFTEN AS REQUIRED

- **Walls and ceiling** – remove obvious dirt, wipe down where necessary.
- **Shelves, ledges** – brush down and wipe over.
- **Ventilation** – clean filters. Wipe down canopy.
- **Equipment** – remove unused or unwanted appliances and articles.
- **Refrigerators** – clean down racks. Wipe all surfaces. Defrost if necessary.
- **Ice machines** – wipe and sanitise all surfaces. Defrost if necessary.
- **Waste Bins in room/external area** – wash and disinfect bins.
- **Cupboards** – remove contents – wipe surfaces.
- **Dry good store** – clean and tidy up. Check for vermin/pests.
- **Change room** – clean walls, mop floor.
- **Outdoor areas** – clean and tidy - do not allow cleaning products or waste water to enter the stormwater system.
- **Lights** – brush fittings – clean tubes.

3. EVERY 4-6 WEEKS OR MORE OFTEN AS REQUIRED

- **Ventilation** – clean air conditioning fans. Clean inside exhaust hoods and all extraction ventilation grilles.
- **Freezers** – defrost and clean.



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4. SPECIALIST CLEANING

Some equipment e.g. Mechanical ventilation / exhaust hoods, grease traps, pest controller may require individual cleaning programs.

Note: All waste water from cleaning processes must be disposed of:

- To sanitary fixtures connected to Sydney Water Corporation sewers, where available or;
- To sanitary fixtures connected to an approved on-site system of sewage management in un-sewered areas.

WARNING: DO NOT empty cleaning/mop buckets or hose waste water from outdoors areas or hard stand areas, to the storm water system. Disposal of waste water to the storm water system is pollution and may result in fines or court action under Protection of the Environment Operations Act 1997.

CLEANING SCHEDULES - EXAMPLES AND TEMPLATES

Included with this document are two Cleaning Schedule Tables for your use. It is suggested that you use one or the other.

The following 'Cleaning Schedule' example may help you with developing a cleaning schedule, which fits your work place.

Example One

Item to be cleaned	Product Name	Cleaning Method	Cleaning Frequency	Person Responsible	Date Complete	ü
Food Prep benches	####	1/2 cup #### to 1/2 cup hot water. Wipe with cloth and sanitise	Daily as you go	Joe	29/08/2007	ü

IF YOU NEED HELP TO GET STARTED

Remember that chemical companies have experienced sales staff who can advise on products to suit your particular application.

Camden Council's Environmental Health Officers are also available to provide assistance. Please contact us by phone on 13 CAMDEN (13 226 336) during business hours.



Food Premises Cleaning & Sanitising Schedule Charts

DAILY CLEANING & SANITISING SCHEDULE

For the week ending ___/___/___

Location _____

Item to Clean	Cleaning Product	Method	Frequency and Responsibility	Completed (tick off when done)
Floors (scrub in corners/ coving and around fittings)	Frequency: DAILY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Kitchen Walls (behind sinks, preparation and cooking areas)	Frequency: DAILY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Prep Benches	Frequency: Before use and whenever contaminated Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Food Display Units	Frequency: DAILY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Cooking and Frying Units	Frequency: DAILY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday



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Cutting Boards	Frequency: Every 4 hours and/or between uses Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Microwave Oven	Frequency: DAILY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Kitchen Waste Bins	Frequency: DAILY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday



Food Premises Cleaning Schedule Charts

WEEKLY CLEANING SCHEDULE

For the week ending ___/___/___

Location _____

Item to Clean	Cleaning Product	Method	Frequency and Responsibility	Date and Time Completed
Ceilings & Walls (Non-Prep Areas)	Frequency: WEEKLY Person Responsible:	
Chillers & Fridges, Ice Machines (List the individual units)	1 2 3 4 5	1 2 3 4 5	Frequency: WEEKLY Person Responsible:	1 2 3 4 5
Under Equipment (e.g. cookers and refrigerated units)	Frequency: WEEKLY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Shelves and Cupboards	Frequency: WEEKLY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Dry Goods Store	Frequency: WEEKLY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday



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Item to Clean	Cleaning Product	Method	Frequency and Responsibility	Date and Time Completed
Outdoor Areas	Frequency: WEEKLY Person Responsible:	
Ventilation Hood & Filters	Frequency: WEEKLY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Light Fittings	Frequency: WEEKLY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Dish Washer	Frequency: WEEKLY Person Responsible:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Staff Changing Room	Frequency: WEEKLY Person Responsible:	
Toilets	Frequency: WEEKLY Person Responsible:	



Food Premises Cleaning Schedule Charts

MONTHLY CLEANING SCHEDULE

For the week ending ___/___/___

Location _____

Item to Clean	Cleaning Product	Method	Frequency and Responsibility	Date <i>and</i> Time Completed
Freezers	Frequency: MONTHLY Person Responsible:	

SPECIALIST CLEANING SCHEDULE

For the week ending ___/___/___

Location _____

Item to Clean	Cleaning Product	Method	Frequency and Responsibility	Date <i>and</i> Time Completed
Exhaust Hood	Frequency: Person Responsible:	



Food Premises Cleaning Schedule Charts

DAILY CLEANING SCHEDULE

For the week ending ____/____/____
Location _____

Item to be cleaned	Product Name	Method	Frequency	Person Responsible	Time & Day Completed	Check
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>



Food Premises Cleaning Schedule Charts

WEEKLY CLEANING SCHEDULE

For the week ending ____/____/____
 Location _____

Item to be cleaned	Product Name	Method	Frequency	Person Responsible	Time & Day Completed	Check
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>



Food Premises Cleaning Schedule Charts

MONTHLY CLEANING SCHEDULE

For the week ending ____/____/____
 Location _____

Item to be cleaned	Product Name	Method	Frequency	Person Responsible	Time & Day Completed	Check
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>



Food Premises Cleaning Schedule Charts

SPECIALIST CLEANING SCHEDULE

For the week ending ____/____/____
 Location _____

Item to be cleaned	Product Name	Method	Frequency	Person Responsible	Time & Day Completed	Check
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>
.....	Frequency:	Responsibility of:	Time: Day:	Tick this box when task is complete <input type="checkbox"/>

