

Commercial Kitchen Cleaning Schedule



Date: _____

Item	M	T	W	T	F	S	S	Comments
Floors								
Walls								
Ceiling								
Grill & Shelves								
Stove & Shelves								
Ovens								
Table / Working Area								
Fryer								
M/Wave & Shelves								
Sinks & Shelves								
Dishwasher								
Crockery Storage								
Dirtyes Rack								
Fridges								
Freezer								
Greece Trap								
Canopy Filters								
Hot Plate								
Sink / Hand Wash Basin								

Completed by: _____

Manager: _____