Cleaning Chart for Room _____

	M				Tu				W				Th				F			
DAILY CLEANING TASKS	Custodian Initials	Time of day	Teacher's Initials	Time of Day	Custodian Initials	Time of day	Teacher's Initials	Time of Day	Custodian Initials	Time of day	Teacher's Initials	Time of Day	Custodian Initials	Time of day	Teacher's Initials	Time of Day	Custodian Initials	Time of day	Teacher's Initials	Time of Day
Swept																				
Trash discarded																				
Clean Any Spills or Food																				
Clean Any Sinks Toilets, Urinals, and Showers																				
WEEKLY GENERAL CLEANING																				
High/low dusting																				
Clean vertical surfaces (eg. Objects in the room) and disinfect high touch objects.																				
Clean horizontal surfaces and disinfect high touch objects																				
Clean floors (vacuum or mop)																				
Teacher designated to this area:		Name: _____																		
Form collected by:		Name: _____						On:	Date: _____											