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| **Unit Name:** |  | | | | | | | **Unit No:** | | |  | | |
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| **Cleaning Task** | | **Frequency** | **Cleaning Product** | **Person Responsible** | **Relevant daily box to be initialled by the person responsible when completed** | | | | | | | | |
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| **COMMENTS AND CORRECTIVE ACTION:** | | | | | | | | | | | | | |
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**Cleaning Record to be made unit specific in line with the unit Cleaning Schedule Cleaning tasks to be signed off daily or weekly depending on the cleaning frequency, the person**

**Manager to check the record form and sign before filing weekly - Retain for 6 months cleaning the item is to initial relevant box once the cleaning is completed.**

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| **Unit Name:** |  | | | | | | | **Unit No:** | | |  | | |
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| **Cleaning Task** | | **Frequency** | **Cleaning Product** | **Person Responsible** | **Relevant daily box to be initialled by the person responsible when completed** | | | | | | | | |
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| **COMMENTS AND CORRECTIVE ACTION:** | | | | | | | | | | | | | |
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