



**QUALITY ASSURANCE - HEALTH AND SAFETY  
HACCP - Cold Prep Cleaning Schedule/Checklist**

CODE: 11.02.029

EDITION: 1

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Conducted by Stewarding supervisor

Month:

Kitchen Department

Area/ Equipment	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	W1	W2	W3	W4	Monthly	Job Situation	Remarks			
Floor																																									
sinks																																									
Hand wash basins																																									
Drainers																																									
Walls																																									
Wall mounted closet																																									
Shelves																																									
Pot Wash																																									
Feed Slicer																																									
Robocoupe																																									
Juicer																																									
Vegetable slicer																																									
Vacuum Machine																																									
Stainless Steel Trolley																																									
Prep section With tables																																									
Dairy Walk in chiller																																									
General Walk in Chiller																																									
Ice Machine																																									
Reach In and table top fridges																																									
Garbage bins																																									
Ceiling and lamps																																									



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Date in question	Area/ Equipment	Corrective Action	Frequency of repetition	When/time	Who cleaned	Monitored by	Signature

Monitored By;

Signature:

Date: