

## QUALITY ASSURANCE - HEALTH AND SAFETY HACCP - Vegetable Room Cleaning Schedule/Checklist

## Conducted by Stewarding supervisor

Month:

Area/ Equipment	01	02	03	04	05	06	07	08	09	9 10	11	12	13	14	15	5 16	5   1	17 1	.8 1	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																																							
Stainless Steel Trolleys																																							
Cold section With tables																																							
Walk in chiller																																							
Ice Machine																																							
Reach In and table top fridges																																							
Garbage bins																																							
Ceiling and lamps																																							
														1																									
														1																									
								1			1			1																					1				

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EDITION:	1
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## Kitchen Department



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

Monitored By;

Signature:

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Date: