

School Name: \_\_\_\_\_

Custodian Name: \_\_\_\_\_

Week Of: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor Sign Off \_\_\_\_\_

# DAILY ROUTINE CLEANING



Classrooms	Monday	Tuesday	Wednesday	Thursday	Friday
Did you clean desk tops and table tops?					
Did you spot clean windows and whiteboards?					
Did you spot clean pencil marks and graffiti?					
Did you clean non porous surfaces?					
Did you mop the floors?					
Did you empty trash?					
Did you refill the sanitizer dispenser if needed?					
Did you scrape up any item stuck to floor with putty knife?					
Did you disinfect touch points?					

**Door Knobs   Hand Rails   Light Switches   Table Tops   Chairs**

Hallways   Lobby   Entrance	Monday	Tuesday	Wednesday	Thursday	Friday
Did you dust mop hallways?					
Did you vacuum entrance mats?					
Did you spot clean graffiti?					
Did you clean glass and mirrors?					
Did you mop hallway floors?					
Did you refill the hand sanitizer dispenser if needed?					
Did you disinfect touch points?					

**Door Knobs   Hand Rails   Light Switches   Sanitizer Stands   Water Fountains**

Restrooms   Locker Rooms	Monday	Tuesday	Wednesday	Thursday	Friday
Did you clean sinks, toilets and shower areas?					
Did you clean glass and mirrors?					
Did you spot clean graffiti?					
Did you refill hand soap dispenser if needed?					
Did you disinfect touch points?					

**Door Knobs   Sinks   Toilets   Shower Areas   Floors**