



CHECKLIST FRONT OF HOUSE

Bar and restaurant

Pro Formula

Diversey



	TO CLEAN	TO DESINFECT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	WEEK NUMBER:
			CHECK BY (INITIALS)	CHECK BY (INITIALS)	CHECK BY (INITIALS)	CHECK BY (INITIALS)	CHECK BY (INITIALS)	CHECK BY (INITIALS)	CHECK BY (INITIALS)	
EVERY HOUR (CHECKLIST PER OBJECT)										FINAL CHECK BY (INITIALS)
DOOR HANDLES	X	X								
BAR COUNTER	X	X								
REGULARLY (CHECKLIST PER OBJECT)										FINAL CHECK BY (INITIALS)
SINK	X									
AFTER USAGE (CHECKLIST PER OBJECT)										FINAL CHECK BY (INITIALS)
TABLES	X	X								
CHAIRS/BAR STOOLS	X	X								
HIGH CHAIRS (BABY)	X	X								
PAYMENT SYSTEM	X	X								
CASH REGISTER	X	X								
END OF DAY/SHIFT (CHECKLIST PER OBJECT)										FINAL CHECK BY (INITIALS)
FLOOR	X									
DISHWASHER	X									
RUBBISH BINS	X	X								
CLEANING MATERIALS	X	X								
HAND WASHING FACILITY	X	X								
WEEKLY (CHECKLIST PER OBJECT)										FINAL CHECK BY (INITIALS)
COOLERS	X	X								
WALLS	X									
HALF YEARLY (CHECKLIST PER OBJECT)										FINAL CHECK BY (INITIALS)
FREEZERS	X									