Ritapos Academy
Control Form

Daily Cleaning Schedule

Hygiene and food safety · Daily

Day details

Business name

Date

Person responsible

Number of shifts

Area and shift initials

Area	Morning	Midday	Evening
Counter and sink			
Cutting board and knife			
Grill or stove			
Area around the fryer			
Cold-room floor			
Kitchen floor			
Trash and waste oil bins			
Dining tables			
Dining-area floor			
Restroom			
Handwashing station			
Bar or register area			
Windows and door handles			
Storage shelves			
Staff changing area			
Area around the ice machine			
Menu and QR stands			
Hood filter			

End-of-day confirmation

Question	Yes	No	Initials	Notes
Does every area have at least one set of initials?	☐	☐		
Are chemical bottles labeled and locked away?	☐	☐		
Were cleaning cloths washed?	☐	☐		
Are restroom supplies ready for tomorrow?	☐	☐		
Was the floor left free of slipping hazards?	☐	☐		
Was the restroom trash emptied?	☐	☐		
Were kitchen cloths kept separate?	☐	☐		
Are chemicals and food stored on separate shelves?	☐	☐		
Are pest traps in place?	☐	☐		
Is exposed food covered?	☐	☐		

Incomplete area and reason

Signature

Responsible person's signature

Manager's signature

Time

This form is a checklist for training purposes. It does not change your municipal, food registration, or occupational health obligations. Confirm local requirements in writing.