Cleaning and disinfection checklist

Business name: _____

Location (premises, vehicle): _____

Year, month: _____

Keep a written cleaning plan with the products and the method. Ideally one person cleans and another person checks and signs.

Date	Area, surface	Product	Concentration	Cleaned by (name, signature)	Checked by (name, signature)	Note

Free template: www.ezlinego.com/en/haccp-templates. Easier on your phone with the EZLineGo app. Keep the records as long as your HACCP plan and the rules in your country require.