þÿ**Cleaning Record Card Bar and Cellar**

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|  | **Month / Year -** | | Sign - when completed  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CMC | **Equipment or Surface** | **Frequency** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| **28** | Bar Surfaces | Daily |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **29** | Coffee Machine | Daily |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **30** | Drip Trays & Optics | Daily |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **34** | Tables & Chairs | Daily |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **35** | Tills | Daily |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **46** | Glass Washer | Daily |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **36** | Bottle Fridges | Weekly |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **31** | Ice Machine | Weekly |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **37** | Beer Lines | Weekly |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **32** | Glasses | As required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **47** | Glass Renovator Procedure | As required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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# þÿCompletion of Record

1. Photocopy template cleaning record. Enter Month and Year in top box
2. Complete record throughout the month - as indicated in example below
3. At end of month file the record - as evidence of the cleaning carried out

# Example

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Month / Year -** Jan 2014 |  | Sign - when completed  | | | | | | | | | | |
| **Equipment or Surface** | **Frequency** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **2** | Sinks | Daily | sw | sw | sw | sm | sm | sm | sw | sw | sw | sm |  |

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