KEFRI/F/ADM/021

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**CLEANING SCHEDULE**

Centre: ……………………………

Location:………………………….

Cleaning frequency: Daily □

Weekly □

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| **Date** | **Time** | **Walls** | **Floor** | **Dusting** | **WC (toilet**  **seat)** | **Urinal bowl** | **Sink** | **Mirror** | **Soap** | **Tissue** | **Waste removal** | **Cleaned by** | **Supervisor** | **Comments** |
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**NB: Tick as appropriate**