



# Sanitization Checklist (Daily/Weekly) - Surfaces, equipment

## Entrance & Customer Areas

Focuses on areas heavily trafficked by customers and employees.

**Time of Sanitization**

**Door Handle Sanitization Frequency (per day)**

Enter a number...

**Sanitizer Used (Entrance)**

- ☐ Quaternary Ammonium
- ☐ Isopropyl Alcohol
- ☐ Hydrogen Peroxide
- ☐ Other (Specify)

**Notes/Observations (Entrance Area)**

Write something...

### Floor Condition (Entrance)

- ☐ Clean
- ☐ Slightly Dirty
- ☐ Dirty - Requires Immediate Attention
- ☐ Wet

### Number of Mats/Rugs Cleaned (Entrance)

Enter a number...

### Exterior Signage Cleaned?

- ☐ Yes
- ☐ No

## Point of Sale (POS) & Checkout

Critical areas for sanitation to prevent cross-contamination during transactions.

### Last Sanitization Time

### Sanitizing Solution Used (Brand & Dilution)

Write something...

### Areas Sanitized at POS (Check all that apply)

- ☐ Countertop
- ☐ Card Reader
- ☐ Keypad
- ☐ Pinpad
- ☐ Receipt Printer
- ☐ Cash Drawer
- ☐ POS Terminal Screen
- ☐ Customer Facing Display

### Number of Transactions Since Last Sanitization

Enter a number...

### Sanitization Protocol Followed?

- ☐ Yes
- ☐ No

### Initials of Person Completing Sanitization

Write something...

## Fitting Rooms (if applicable)

Addresses hygiene in areas where customers try on clothing.

### Number of Fitting Rooms Sanitized

Enter a number...

### Notes on any lingering odors or concerns

Write something...

### Mirror Sanitation Method

- ☐ Wiped with Disinfectant Spray
- ☐ Wiped with Disinfectant Wipes
- ☐ Other (Specify)

### Floor Condition

- ☐ Clean
- ☐ Slightly Dirty
- ☐ Dirty - Requires More Attention

### Surfaces Sanitized (Select all that apply)

- ☐ Mirrors
- ☐ Floor
- ☐ Hooks
- ☐ Benches/Seating
- ☐ Door Handles
- ☐ Clothes Racks

### Date of Last Deep Clean (if applicable)

Enter date...

### Any Damage or Repair Needs?

Write something...

## Restrooms

Covers all restroom surfaces and fixtures for thorough cleaning.

### Restroom Cleaning Start Time

### Notes on Restroom Conditions (e.g., excessive use, spills)

Write something...

### Toilet Bowl Sanitization

- ☐ Cleaned & Disinfected
- ☐ Not Cleaned
- ☐ Maintenance Required

### Urinal Sanitization

- ☐ Cleaned & Disinfected
- ☐ Not Cleaned
- ☐ Maintenance Required

### Sink & Faucet Sanitization

- ☐ Cleaned & Disinfected
- ☐ Not Cleaned
- ☐ Maintenance Required

### Soap Dispenser Functionality

- ☐ Working Properly
- ☐ Low/Empty
- ☐ Malfunctioning

### Paper Towel/Hand Dryer Supply

- ☐ Adequate Supply
- ☐ Low Supply
- ☐ Empty

### Floor Cleanliness

- ☐ Clean and Dry
- ☐ Moist/Damp
- ☐ Visible Debris

### Amount of Disinfectant Used (e.g., fluid ounces)

Enter a number...

### Date of Last Deep Clean (Monthly/Quarterly)

Enter date...

# Display Areas & Shelving

Focuses on surfaces customers frequently touch while browsing.

## Notes on condition of shelving before cleaning (e.g., dusty, sticky)

Write something...

## Shelf Material (affects cleaning product choice)

- ☐ Wood
- ☐ Metal
- ☐ Plastic
- ☐ Other

## Description of cleaning product used (including dilution if applicable)

Write something...

## Approximate time spent cleaning shelving (in minutes)

Enter a number...

## Areas cleaned on shelving (check all that apply)

- ☐ Top Surface
- ☐ Front Edge
- ☐ Sides
- ☐ Underneath (if accessible)

### Cleaning Method

- ☐ Wipe Down
- ☐ Spray & Wipe

### Any spills or unusual debris noted and addressed?

Write something...

## Employee Breakroom/Kitchen

Ensures a sanitary environment for employee breaks and food preparation.

### Refrigerator Temperature (Fahrenheit)

Enter a number...

### Microwave Cleanliness Rating (1-5, 5=Sparkling Clean)

Enter a number...

### Date of Last Sink Drain Cleaning

Enter date...

### Time of Last Coffee Maker Cleaning



### Surfaces Sanitized (Check all that apply)

- ☐ Countertops
- ☐ Sink
- ☐ Refrigerator Exterior
- ☐ Microwave Interior
- ☐ Cabinet Doors
- ☐ Tables/Seating

### Notes/Observations (e.g., spills, unusual odors)

Write something...

### Dish Soap Dispenser Status

- ☐ Full
- ☐ Low
- ☐ Empty

### Paper Towel Dispenser Status

- ☐ Full
- ☐ Low
- ☐ Empty

## Backroom/Storage

Covers surfaces and equipment used for stocking and inventory management.

### Stock Rotation Date Check

Enter a number...

### Notes on Pest Control Activities (if applicable)

Write something...

### Date of Last Deep Clean

Enter date...

### Condition of Pallets/Racking (Visual Inspection)

- ☐ Good
- ☐ Minor Damage
- ☐ Significant Damage - Requires Repair/Replacement
- ☐ Not Inspected

### Temperature of Storage Area (if temperature-controlled)

Enter a number...

### Any Spills/Leaks Observed (and Action Taken)

Write something...

### Condition of Cleaning Supplies

- ☐ Adequate
- ☐ Low Stock - Needs Reordering
- ☐ Damaged/Expired - Needs Replacement

# Shopping Carts/Baskets

Addresses the sanitation of items customers directly handle.

## Last Sanitization Time

## Number of Carts/Baskets Sanitized

Enter a number...

## Notes on Cart/Basket Condition (e.g., damage, excessive dirt)

Write something...

## Sanitizer Used (check one)

- ☐ Quaternary Ammonium
- ☐ Bleach Solution
- ☐ Isopropyl Alcohol
- ☐ Other (Specify in notes)

## Areas Sanitized (select all that apply)

- ☐ Handles
- ☐ Frame
- ☐ Basket Interior (if applicable)

## Date of last deep clean of carts/baskets

Enter date...

# Equipment (Specific to Retail - e.g., Price Guns, Label Makers)

Targets equipment unique to a retail setting.

## Price Gun Cleaning

- ☐ Cleaned & Disinfected
- ☐ Needs Cleaning
- ☐ Maintenance Needed

## Label Maker Cleaning

- ☐ Cleaned & Disinfected
- ☐ Needs Cleaning
- ☐ Maintenance Needed

## Ink Cartridge Inspection (Price Gun)

## Ink Cartridge Inspection (Label Maker)

## Barcode Scanner Cleaning

- ☐ Cleaned with Alcohol Wipes
- ☐ Needs Cleaning

**Notes on Equipment Issues**

Write something...