Food-service cleaning and sanitation log

Site / team: _____ Period: _____

Date	Area / equipment	Task	Approved SOP reference	Scheduled time / frequency	Completed time	Staff initials	Exception / action	Verification / reviewer	Follow-up / closure

This log is a record of work, not a sanitation procedure. Use the approved method, product instructions, frequencies and verification process for your operation. Completion alone does not establish a safe condition.