

Kitchen Cleaning Schedule

Date: _____

#	DAILY OR AFTER EACH USE	S	M	T	W	T	F	S	INITIALS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									