

Paired with: **SSOW: Kitchen & Food-Prep Surface Cleaning**

Centre Details

Centre name	
Kitchen / area covered	
Week beginning	DD MMM YYYY
Linked SSOW ID / version	
Completed logs filed in	

Record every batch of diluted product prepared. Dilution must be **measured, not estimated**. Add chemical to water, label the container with product name, dilution and date prepared, and **discard** after the manufacturer's stated shelf life (maximum 24 hours for most diluted disinfectants). **Never top up a part-used batch.**

[illegible]

Date / Time Prepared	Product	Required Dilution (Label / SDS)	Actual Dilution Prepared	Measured With	Container Labelled Y / N	Discard By (Date / Time)	Prepared By (Initials)

Stock and SDS Checks — Complete weekly, or on any product change

- ☐ Current SDS (no more than 5 years old) available for every product in use
- ☐ All products in original labelled containers
- ☐ No expired products in use
- ☐ Chemicals stored locked and inaccessible to children
- ☐ Chemical register up to date

[Centre Name]

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Section 2 Daily Cleaning Task Log

Tick and initial each task as completed. Frequency: **B/A** = before and after each food service or prep session; **R** = reactive, immediately after any spill or contamination; **EOD** = end of day.

Task	Frequency	Product / Dilution	Contact Time Observed Y / N	Mon	Tue	Wed	Thu	Fri
Food-prep benches and boards: clean then sanitise	B/A + R							
Sinks and taps: clean then sanitise	B/A + EOD							
Servery surfaces: clean then sanitise	B/A							
Appliance exteriors and handles: clean then sanitise	EOD							
Trolleys: clean then sanitise	B/A							
High-touch points (light switches, door handles): disinfect	Daily min.							
Floors: clean, dry before re-entry	EOD + R							
Waste bin emptied and relined	Daily + when full	n/a						
[Centre-specific task]								
[Centre-specific task]								
[Centre-specific task]								
[Centre-specific task]								
[Centre-specific task]								

EXAMPLE

Section 3 Daily Task-Related Verification Checks

Completed daily by the person performing the work, before sign-off. Tick each column when the standard has been met for that day.

Check	Standard	Mon	Tue	Wed	Thu	Fri
Two-step method followed	Clean with detergent first, then sanitise with food-safe product					
Contact time observed	Surface left visibly wet for full label contact time; rinsed where required					
Green-zone equipment only	Dedicated green cloths and equipment used; no cross-zone items in kitchen					
Cloths single-use / correctly laundered	Single-use per surface; microfibre laundered at 60°C or above before reuse					
PPE worn	Gloves and apron as per SSOW; SDS requirements followed					
Hand hygiene	Before starting, after removing PPE, and on zone transitions					
Room / area clear during cleaning	No children present while products applied; surfaces dry and ventilated before re-entry					
Role separation maintained	No interchange between cleaning duties and food handling / child contact without decontamination break					
Equipment cleaned and stored	Equipment cleaned, dried and stored separately from other zones					
[Additional check]						
[Additional check]						
[Additional check]						
[Additional check]						
[Additional check]						
[Additional check]						
[Additional check]						
[Additional check]						

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EXAMPLE

Must be completed and signed by **someone other than the person who performed the work**. Record the specific area or task spot-checked each day.

[illegible]

Any missed task, incorrect dilution or contact time, cross-zone equipment use, or incomplete entry must be recorded in the **Corrective Actions / Non-Conformance Log**: [Insert link/location]. **Do not back-fill entries without evidence.**

EXAMPLE

Section 5 Weekly Sign-Off

Complete at the end of each week. The reviewing person must confirm all daily entries are present and any open corrective actions have been addressed.

All daily entries complete for the week	Yes / No
Open corrective actions reviewed and closed	Yes / No / n/a
Reviewed by (name and role)	
Signature and date	

DOCUMENT CONTROL

Form ID / version	
Approved by (name and role)	
Approval date	DD MMM YYYY
Next review date	DD MMM YYYY

Regulatory context: This log supports compliance with the *Education and Care Services National Regulations* (Reg. 77 — Health, hygiene and safe food practices), the *National Quality Standard* (Quality Area 2 — Children's Health and Safety), and applicable state/territory WHS legislation. Retain completed logs for a minimum of [Insert retention period per your jurisdiction / insurer requirements].

EXAMPLE

EXAMPLE