

Month:	Location:		Year:
	<input type="checkbox"/> Anchorage-Debarr <input type="checkbox"/> Anchorage-Western <input type="checkbox"/> Kenai <input type="checkbox"/> Southern – JBO <input type="checkbox"/> Southern – Ketchikan <input type="checkbox"/> Central Office	<input type="checkbox"/> Eagle River <input type="checkbox"/> MatSu <input type="checkbox"/> Northern <input type="checkbox"/> Southern – Sitka <input type="checkbox"/> AAO	

Day	Surfaces Wiped Down (Y/N)	AM Staff initials	Time	Surfaces Wiped Down (Y/N)	PM Staff Initials	Time	Pens and Pencils Sanitized (Y/N)	Staff Initials (Evening only)	Time
1									
2									
3									
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31									

Cleaning Supply Inventory Needs Re-ordering? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supply Re-order Date (if applicable):	Reviewed By:	Date
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