

# SANITATION PLANS

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## SANITATION PLANS SHOULD INCLUDE:

1. A cleaning schedule for premises, surfaces and equipment.  
**Who? What? Where? When? How?**
2. A list of cleaning and disinfecting products.  
**What? How To Use?**
3. Conditions for refusing service to a client.

## GOOD SANITATION PRACTICES

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- Staff is trained in sanitation procedures.
- Chemicals are stored in a safe manner.
- Appropriate disinfectant is available at all workstations.
- Disinfectant strength is monitored and recorded regularly.
- Physical, chemical, and biological monitoring of sterilizer (if applicable) is conducted according to manufacturer's directions.
- Cleaning schedules are used for daily, weekly and monthly tasks.
- Facility follows cleaning schedules and regularly inspects for additional maintenance that may be required.
- Follow the Workplace Hazardous Materials Information System (WHMIS) which specifies:
  - all chemicals being used
  - identification labels and Material Safety Data Sheets (MSDS)
  - written handling and emergency procedures



# SANITATION PLAN

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This plan outlines how you will clean and sanitize your facility and all the equipment in it, what chemicals you will use and how you will store them. It's important to understand the difference between **clean** and **disinfect**. To clean means to remove dirt or soil. To disinfect means to kill most disease-causing microorganisms on equipment or surfaces after a cleaning process has occurred.

## OVERALL PREMISES CLEANING AND SANITIZING PROGRAM

Indicate how you will clean floors and walls, and how often:

Waste disposal:

Washroom:

## EQUIPMENT

Please list the equipment you will have on your premises, and describe below how you will clean, disinfect, and maintain them. List the equipment that are single use.

Cleaning/sanitizing procedures:



## **CLEANING AND SANITIZING AGENTS**

Please name the detergents and disinfectants you will be using.  
How much (what concentration) of each will you use?:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

## **STORE POLICY ON REFUSING CLIENT**

Please list the possible reasons for refusing to service a client (ie. Skin conditions, health conditions).