

**MLY CLEANLINESS ACTION PLAN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TODAY’S DATE** |  | **DATE OF AUDIT** |  | **ACTION PLAN DUE DATE** |  | **STORE #** | Select Store |

#

# AREAS OF IMPROVEMENT

List all areas that were marked for needs improvement on your Cleanliness Evaluation.

***BUILDING EXTERIOR***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |

***DINING ROOM***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
|  Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |

***RESTROOMS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
|  Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |

***COLDLINE AREA***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
|  Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |

***HOTLINE AREA***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
|  Select Area |  |  |  |  |
| Select Area |  |  |  |  |
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| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |

***BOH AREA***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
|  Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |
| Select Area |  |  |  |  |

***MISC***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA OF IMPROVEMENT** | **DESCRIBE AREA THAT NEEDS IMPROVEMENT** | **DELEGATED TO** | **DUE DATE** | **COMPLETED** |
|   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# PROGRESS MONITORING

Provide an evaluation schedule to monitor progress of completing this action plan.

## **FOLLOW-UP SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE SCHEDULED** | **ACTIVITY** | **CONDUCTED BY** | **DATE COMPLETED** |
|  | “48-hour After” Review |  |  |
|  | “24 hours before due date” Review |  |  |