

# Gym cleaning checklist

CHECKLIST TEMPLATE

Business \_\_\_\_\_ Location \_\_\_\_\_ Date \_\_\_\_\_

## Daily checklist Every day, at close or in a quiet period

| TASK                                                                                                                                                                                          | TIME | INITIALS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|
| <b>Gym floor</b>                                                                                                                                                                              |      |          |
| <input type="checkbox"/> Wipe the handles, seats, pads and grips on every machine <small>Use a disinfectant your equipment maker approves, and leave it on for its full contact time.</small> |      |          |
| <input type="checkbox"/> Wipe the dumbbells, kettlebells and bars that were used                                                                                                              |      |          |
| <input type="checkbox"/> Clean and disinfect the benches and floor mats                                                                                                                       |      |          |
| <input type="checkbox"/> Vacuum or sweep, then mop the floor                                                                                                                                  |      |          |
| <input type="checkbox"/> Empty the bins and replace the liners                                                                                                                                |      |          |
| <input type="checkbox"/> Refill the spray bottles and paper towel stations                                                                                                                    |      |          |
| <b>Studios</b>                                                                                                                                                                                |      |          |
| <input type="checkbox"/> Wipe the shared class equipment <small>Bikes, reformers, steps, weights and mats.</small>                                                                            |      |          |
| <input type="checkbox"/> Mop the studio floors                                                                                                                                                |      |          |
| <input type="checkbox"/> Clean marks off the mirrors                                                                                                                                          |      |          |
| <b>Change rooms and toilets</b>                                                                                                                                                               |      |          |
| <input type="checkbox"/> Clean and disinfect the toilets, urinals and basins                                                                                                                  |      |          |
| <input type="checkbox"/> Clean the showers and squeegee the walls and floors <small>Check the drains are clear.</small>                                                                       |      |          |
| <input type="checkbox"/> Wipe the benches, locker handles and door handles                                                                                                                    |      |          |
| <input type="checkbox"/> Mop the floors with disinfectant                                                                                                                                     |      |          |
| <input type="checkbox"/> Restock soap, toilet paper and paper towels                                                                                                                          |      |          |
| <input type="checkbox"/> Empty the sanitary and general bins                                                                                                                                  |      |          |
| <b>Reception and touch points</b>                                                                                                                                                             |      |          |
| <input type="checkbox"/> Wipe the front desk, card readers and check-in screens                                                                                                               |      |          |
| <input type="checkbox"/> Disinfect door handles, push plates and light switches                                                                                                               |      |          |
| <input type="checkbox"/> Clean the drinking fountain spouts and surrounds                                                                                                                     |      |          |

Completed by \_\_\_\_\_ Checked by (manager) \_\_\_\_\_ Date \_\_\_\_\_ Notes \_\_\_\_\_

**Weekly checklist** Once a week, on a quiet day

| TASK                                                                                                                                                            | TIME | INITIALS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|
| <b>Equipment</b>                                                                                                                                                |      |          |
| <input type="checkbox"/> Deep clean the cardio machines Consoles, frames and the area under each belt, as the maker's guide says. Switch off at the wall first. |      |          |
| <input type="checkbox"/> Clean the upholstery with the maker's cleaner and check for splits Tape or replace split pads; they can't be disinfected.              |      |          |
| <input type="checkbox"/> Clean under and behind the machines and racks                                                                                          |      |          |
| <input type="checkbox"/> Wash the rubber flooring with a cleaner made for it                                                                                    |      |          |
| <b>Change rooms</b>                                                                                                                                             |      |          |
| <input type="checkbox"/> Descale the shower heads and taps                                                                                                      |      |          |
| <input type="checkbox"/> Scrub the tile grout                                                                                                                   |      |          |
| <input type="checkbox"/> Wipe inside the lockers                                                                                                                |      |          |
| <b>General</b>                                                                                                                                                  |      |          |
| <input type="checkbox"/> Dust vents, fans and high surfaces                                                                                                     |      |          |
| <input type="checkbox"/> Wash the bins inside and out                                                                                                           |      |          |
| <input type="checkbox"/> Launder or replace mop heads and cloths                                                                                                |      |          |
| Completed by _____ Checked by (manager) _____ Date _____ Notes _____                                                                                            |      |          |

## Monthly checklist Once a month

| TASK                                                                                                                                                             | TIME | INITIALS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|
| <b>Deep clean</b>                                                                                                                                                |      |          |
| <input type="checkbox"/> Deep clean the studio floors or carpets, as each floor type needs                                                                       |      |          |
| <input type="checkbox"/> Clean the inside of the windows and the light fittings                                                                                  |      |          |
| <input type="checkbox"/> Clean or replace the air-conditioning filters, or check the contractor's service record                                                 |      |          |
| <input type="checkbox"/> Clean or replace the drinking fountain filters, as the maker says                                                                       |      |          |
| <b>Supplies and safety</b>                                                                                                                                       |      |          |
| <input type="checkbox"/> Count the cleaning stock and order what's low                                                                                           |      |          |
| <input type="checkbox"/> Check every cleaning chemical has its safety data sheet on file <small>Staff who use a chemical should know where its sheet is.</small> |      |          |
| <input type="checkbox"/> Check the cleaning cupboard is locked and chemicals are labeled                                                                         |      |          |

Completed by \_\_\_\_\_ Checked by (manager) \_\_\_\_\_ Date \_\_\_\_\_ Notes \_\_\_\_\_