

House Keeping Routine



Name of Client:

Carer:		Signature:		Date:	
Bathroom:		Kitchen:		Bedroom:	
Bath / Shower		Cooker		Make / change bed	
Sink		Mop Floor		Bin	
Mirror(s)		Sink		Floor	
Floor		Surfaces		Dusting	
Lavatory / Toilet		Fridge		Cobwebs	
Cobwebs		Freezer		Sink	
		Cupboards		Mirror(s)	
		Bin		Water Plants	
		Cobwebs		Washing Dishes	
				Washing Clothes	
				Ironing	
Notes and comments:					

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Notes and comments:					

Susie M Jones – Director – Happy to Care For You