**Horaire de nettoyage**

Remplir le formulaire une fois par semaine. Conserver les registres hebdomadaires.

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| **Horaire hebdomadaire de nettoyage** | | | | | | | | | | | | | | | | |
| **Date** | L / / | | M / / | | | Me / / | | J / / | | V / / | | | S / / | | D / / | |
| **Heure/initiales**  **Élément/ emplacement** | **Heure/ initiales** | | **Heure/ initiales** | | | **Heure/ initiales** | | **Heure/ initiales** | | **Heure/ initiales** | | | **Heure/ initiales** | | **Heure/ initiales** | |
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| Poignées de porte |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |
| Bureau |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |
| Clavier |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |
| Téléphone |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |
| Interrupteur |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |
| Poignées de robinet |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |
| Appareils électroniques |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |
| Boutons d’ascenseur |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |
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| Vu par le gestionnaire | | | | | | | | | | | | | | | | | | |
| Nom du gestionnaire | | | | | Signature du gestionnaire | | | | | | | Date | | | | | | |