Standard Operating Procedure (SOP)

End-of-Shift Cleaning and Closing Checklist

This SOP provides a comprehensive **end-of-shift cleaning and closing checklist** to ensure all work areas are properly cleaned, equipment is safely stored, and all tasks are completed before closing. It includes cleaning procedures, waste disposal, securing materials and tools, turning off equipment, and locking facility access points, aiming to maintain a safe, organized, and efficient workplace environment for subsequent shifts.

1. Purpose

To ensure that all cleaning, organization, and closing tasks are completed at the end of every shift, maintaining safety, hygiene, and readiness for the next work period.

2. Scope

This checklist applies to all staff responsible for closing procedures within the facility.

3. Responsibilities

- All team members: Complete assigned tasks as per the checklist.
- Shift Supervisor/Manager: Verify completion and sign off before leaving.

4. Materials & Equipment Needed

- Cleaning cloths, mops, and buckets
- · Disinfectants and cleaning solutions
- · Gloves and safety equipment
- · Waste bins and liners
- · Storage containers and labels
- Keys or access cards

5. End-of-Shift Cleaning & Closing Checklist

Task	Description/Details	Completed (✓)
Work Surfaces	Wipe down and disinfect all workstations, tables, and counters.	
Floors	Sweep and mop all floors. Clean up any spills or debris.	
Equipment	Clean equipment after use and store properly in designated locations. Check for malfunctions.	
Waste Disposal	Empty trash bins. Replace liners and dispose of waste as per facility guidelines.	
Materials & Tools	Secure and store all materials, tools, and supplies.	
Personal Protective Equipment (PPE)	Remove and store/dispose of PPE appropriately.	
Refrigerators/Storage	Check items for expiration, dispose if necessary. Ensure all items are sealed and labeled.	
Lights & Equipment	Turn off all lights, computers, and non-essential equipment.	
Facility Access Points	Ensure all doors and windows are locked. Activate security systems as applicable.	
Final Inspection	Conduct a walk-through to verify that all tasks are complete.	

6. Sign-Off

Closing Staff Name/Signature:	
Supervisor/Manager Name/Signature:	
Date:	

7. Revision History

Date	Version	Changes	Approved By
2024-06-15	1.0	Initial SOP Creation	