



Site Location: \_\_\_\_\_

Total Weekly Hours must be signed off by Grid Group & Apollo Branch Manager representatives and total weekly hours.

Date	Area Cleaned	Time spent Cleaning (hours)	Cleaned by (Grid Group Member Name)

**Sheet to be completed weekly (Monday to Sunday only) and submitted each Monday**

Signed: \_\_\_\_\_  
Grid Group Member

Signed: \_\_\_\_\_  
Apollo Manager

Total Wkly Hrs \_\_\_\_\_

Apollo PO # \_\_\_\_\_