

CLEANING LAB MAKE UP FORM

Name: _____ Date: _____

Lab: **45 min. Deep kitchen cleaning**

Group/Period: _____

At home, deep clean any area of your kitchen. You must spend 45 minutes working on the kitchen. Cleaning may include the floor, organizing, washing out the cupboards, cleaning and sanitizing kitchen appliances, etc.

In order to get full credit, you MUST:

1. *Turn in this form.*
2. *Show Mrs. Pearson at least one before and after picture.*
3. *Have a parent/guardian sign this form.*

Grading

What did you do in your 45 minutes of cleaning?

What cleaners were used?

Comments and Parent's Signature

Parent/Guardian Signature

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