

# **Inspection Report**

### DETAILS

Account:

Contact Person:

Address:

#### CLEANING TASKS SCORED

O is the lowest grade - 5 is the highest grade. If category does not apply, place an "X" in the Box and deduct 5 points for each "X" from the Total Possible Score.

Total Actual Score	
Total Possible Score	
Deduction (5 Point for "X")	
Total Point Possible	

OFFICES (65)	
Tiles	
Carpet	
Rubbish Bins	
Corner	
Low Dusting	
High Dusting	
Ledges/Pictures	
Ceiling Vents	
Desks/Chairs	
Vertical Surfaces	
Light Switches	
Partition Glass	
Rubbish Bins	

TOILETS (65)	
Floors	
Corners/Edges	
Toilets	
Urinals	
Basins	
Counter Area	
Tap Surroundn	
Under Basins	
Rubbish Bins	
Paper/Towels	
Soap/Dispenser	
Top of Cubicles	
Bright Work	
Mirrors	

LOBBY /ENTRANCE (30)	K
Glass	FI
Doors	Si
Tile/Carpet	R
Corners/Edges	E: &
Furnishings	Sı Ta
Spider web	C
	С

KITCHEN (65)	
Floor Surfaces	
Sinks	
Rubbish Bins	
Ext Kitchen & Appliance Surfaces	
Tables, Chairs & Counters	
Ceiling air vents, return air Grilles	

**CAR PARKING (15)** 

LIFT (30)	
Floor	
Mirrors & Indicators	
Stainless Steel Surface	

## NOTES & COMMENTS

N	TS		
		Floor	
		Stain & Spillage Removal	
		Removal	

Rubbish

EXTERNAL (30)		
Floor		
Corner		
Spider web		
Rubbish Removal		
Wipe Tables & Chairs as Appropriate		
Glass Doors		

STAIRS (20)	
Floors	
Walls	
Handrails	
Glass	

#### OPERATIONS REPRESENTATIVE

DATE

CUSTOMER SIGNATURE