

Commercial cleaning inspection checklist

Site or visit reference: _____

Service date and time: _____

Inspection date and time with timezone: _____

Reviewer / scope reference: _____

Review method: ☐ On site ☐ Submitted evidence ☐ Combination

Check the agreed work due on this visit. Mark irrelevant items N/A and items you cannot verify N/I.

M Meets scope | A Needs attention | N/A Not applicable | N/I Not inspected

Ref	Check	Result - choose one
01	Agreed entrance and reception floor areas are free of visible loose debris.	☐ M ☐ A ☐ N/A ☐ N/I
02	Agreed hard-floor areas show no visible spills or obvious mop residue.	☐ M ☐ A ☐ N/A ☐ N/I
03	Cleared office desks and counters are free of obvious dust, crumbs and wipe residue.	☐ M ☐ A ☐ N/A ☐ N/I
04	Agreed accessible handles and switches show no visible marks or soil.	☐ M ☐ A ☐ N/A ☐ N/I
05	Washroom toilets, basins and taps are free of visible soil in the checked areas.	☐ M ☐ A ☐ N/A ☐ N/I
06	Agreed mirrors and interior glass show no visible smudges from the checked viewpoint.	☐ M ☐ A ☐ N/A ☐ N/I
07	Agreed soap and paper dispensers are replenished from available site stock.	☐ M ☐ A ☐ N/A ☐ N/I
08	Cleared breakroom counters, sink and tables are free of visible crumbs and spills.	☐ M ☐ A ☐ N/A ☐ N/I
09	Appliance exteriors included in the scope show no visible marks or residue.	☐ M ☐ A ☐ N/A ☐ N/I
10	Agreed waste and recycling bins are emptied and liners replaced where required.	☐ M ☐ A ☐ N/A ☐ N/I
11	Bagged waste and recycling are at the agreed onsite collection point, where verifiable.	☐ M ☐ A ☐ N/A ☐ N/I
12	The visit record identifies missed or inaccessible agreed areas and the follow-up needed.	☐ M ☐ A ☐ N/A ☐ N/I

Record observations at the stated time against the agreed scope.

Correction and recheck log

Site or visit reference: _____

Keep the reported correction separate from the verified recheck. Use another log page for additional findings.

Finding F01

Location and observed issue: _____

Agreed correction: _____

Responsible person or role: _____

Due date and time: _____

Evidence reference if used: _____

Recheck date and time: _____

Reviewer: _____

Recheck result: ☐ Resolved ☐ Still open ☐ Unable to verify

Finding F02

Location and observed issue: _____

Agreed correction: _____

Responsible person or role: _____

Due date and time: _____

Evidence reference if used: _____

Recheck date and time: _____

Reviewer: _____

Recheck result: ☐ Resolved ☐ Still open ☐ Unable to verify

Review summary

Open findings or not inspected items: _____

Next review date if needed / reviewer: _____

☐ Observed items meet agreed scope

☐ Follow-up required

☐ Review incomplete

Record observations at the stated time against the agreed scope.