

Cleaning Quality Inspection Checklist

Manager / Supervisor Walkthrough Form

Use this form for regular quality inspections of your cleaning service. Walk each area, score on the 1-5 scale, note any issues, and calculate the overall score. Share results with your vendor for accountability.

Facility: _____	Date: _____	Inspector: _____
Vendor: _____	Time: _____	Type: Routine / Random / Follow-up

Scoring: 5=Excellent 4=Good 3=Acceptable 2=Needs Improvement 1=Unacceptable N/A=Not Applicable

Restrooms

Item	Score	Notes / Issues
Toilets/urinals cleaned and disinfected	__ / 5	
Sinks, counters, and faucets clean	__ / 5	
Mirrors streak-free	__ / 5	
Floors mopped and dry	__ / 5	
Dispensers fully stocked	__ / 5	
Trash emptied with fresh liners	__ / 5	
No odors present	__ / 5	
Walls and partitions clean	__ / 5	
Restrooms Average:	__ / 5	

Break Room / Kitchen

Item	Score	Notes / Issues
Countertops clean and sanitized	__ / 5	

Sink clean, faucet polished	__ / 5	
Appliance exteriors clean	__ / 5	
Tables and chairs clean	__ / 5	
Floor swept and mopped	__ / 5	
Trash and recycling emptied	__ / 5	
Break Room / Kitchen Average:	__ / 5	

Offices & Workstations

Item	Score	Notes / Issues
All trash cans emptied	__ / 5	
Floors vacuumed/mopped	__ / 5	
High-touch surfaces wiped	__ / 5	
Glass partitions clean	__ / 5	
Desks dusted (accessible surfaces)	__ / 5	
Offices & Workstations Average:	__ / 5	

Lobby & Entrances

Item	Score	Notes / Issues
Glass doors clean	__ / 5	
Entry mats clean	__ / 5	
Reception area tidy	__ / 5	
Floors clean and polished	__ / 5	
Elevator/stairwell clean	__ / 5	
Lobby & Entrances Average:	__ / 5	

Corridors & Common Areas

Item	Score	Notes / Issues
------	-------	----------------

Floors clean, no debris	__ / 5	
Baseboards and walls clean	__ / 5	
Door handles sanitized	__ / 5	
Light switches wiped	__ / 5	
No visible cobwebs	__ / 5	
Corridors & Common Areas Average:	__ / 5	

Overall Summary

Overall Score: _____ / 5	Pass / Fail: _____
Critical Issues Found:	_____
Corrective Action Required:	_____
Follow-up Date: _____	Vendor Notified: Yes / No Date: _____

Inspector Signature: _____ **Date:** _____

With Ultimate Cleaning Service, you won't need this form often. Jack personally inspects every job and guarantees your satisfaction. Call (425) 445-0077.