Cleaning Checklist:

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Unit : |  |

|  |
| --- |
| Living Room: |
|  |  | Walls/Woodwork |  | Windows |  | Light Fixtures |
|  |  | Wall Plates |  | Doors |  | Curtains/Blinds |
|  |  | Ceiling |  | Floor/Carpet |  | Closet(s) |
| Kitchen: |
|  |   | Stove |  | Countertop(s) |  | Ceiling |
|  |  | Refrigerator |  | Cabinets |  | Light Fixtures |
|  |  | Dishwasher |  | Pantry |  | Windows |
|  |  | Sink(s) |  | Walls/Woodwork |  | Floor |
| Bedroom 1/Master Bedroom: |
|  |  | Walls/Woodwork |  | Light Fixtures |  | Windows |
|  |  | Wall Plates |  | Curtains/Blinds |  | Doors |
|  |  | Ceiling |  | Closet(s) |  | Floor/Carpet |
| Master Bathroom |
|  |  | Bathtub/Shower |  | Mirrors |  | Light Fixtures |
|  |  | Toilet |  | Cabinets |  | Exhaust Fan |
|  |  | Sink(s) |  | Walls/Woodwork/Tile |  | Windows |
|  |  | Countertop(s) |  | Ceiling |  | Floor |
| Bedroom 2: |
|  |  | Walls/Woodwork |  | Light Fixtures |  | Windows |
|  |  | Wall Plates |  | Curtains/Blinds |  | Doors |
|  |  | Ceiling |  | Closet(s) |  | Floor/Carpet |
| Bedroom 3/Other:  |  |
|  |  | Walls/Woodwork |  | Light Fixtures |  | Windows |
|  |  | Wall Plates |  | Curtains/Blinds |  | Doors |
|  |  | Ceiling |  | Closet(s) |  | Floor/Carpet |
| Bathroom 2: |
|  |  | Bathtub/Shower |  | Mirrors |  | Light Fixtures |
|  |  | Toilet |  | Cabinets |  | Exhaust Fan |
|  |  | Sink(s) |  | Walls/Woodwork/Tile |  | Windows |
|  |  | Countertop(s) |  | Ceiling |  | Floor |
| Additional Areas/Items: |
|  |  | Laundry Room |  | Vents |  | Fireplace(s) |
|  |  | Furnace |  | Air Conditioner(s)  |  | Staircase(s) |
|  |  | Water Heater  |  | Ceiling Fans |  | Balcony/Patio |

|  |  |
| --- | --- |
| Work Completed By: |  |
| Start Date: |  | End Date: |  |
| Start Time: |  | End Time: |  | Total Hours: |  |
| Signature: |  | Date: |  |