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: | | |  | |