

# CLEANING SERVICES

## Cleaning/Inspection Report & Invoice

Work order # \_\_\_\_\_ Date completed: \_\_\_\_\_ Control # \_\_\_\_\_

File # \_\_\_\_\_ Unit # \_\_\_\_\_ Property Address: \_\_\_\_\_

Move-Out Detail Clean     Touch Up Clean     New Property     Bid Only

Reason for Extra Trip Charge –

- Keys not Working     Not Vacant  
 No Utilities

Pictures Taken:  Yes     No

Extra Trip Charge		\$
Cleaning Supplies		\$
Total Hours	At \$25.00	\$
<b>Total</b>		\$

**CLEANLINESS IS RATED ON A SCALE OF: 1 (VERY CLEAN) TO 5 (VERY DIRTY).**

**RATING OF 1 – 2 REQUIRES NO OR MINIMAL CLEANING. RATING OF 4 – 5 MAY REQUIRE ADDITIONAL CHARGES.**

DESCRIPTION	RATING	COMMENTS	DESCRIPTION	RATING	COMMENTS
<b>LIVING ROOM / ENTRY</b>					
ENTRY			COAT CLOSET		
WALLS			WINDOWS IN / OUT / TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			FIREPLACES		
DOORS / JAMBS			LIGHT FIXTURES/FANS		
TOP OF DOOR JAMBS			HEATERS / VENTS		
BASEBOARDS			SWITCHES / OUTLETS		
HALLWAYS			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____
<b>DINING ROOM</b>					
WALLS			WINDOWS IN/OUT/TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			LIGHT FIXTURES/FANS		
DOORS / JAMBS			HEATERS / VENTS		
TOP OF DOOR JAMBS			SWITCHES/OUTLETS		
BASEBOARDS			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____
<b>KITCHEN ROOM</b>					
WALLS			SINK / FAUCET		
CEILINGS			STOVE TOP / HOOD/LIGHT		
FLOORS			OVEN SIDES/UNDER		
DOORS / JAMBS			MICROWAVE		
TOP OF DOOR JAMBS			DISHWASHER		
BASEBOARDS			FRIDGE TOP/SIDES/BACK		
WINDOWS IN / OUT / TRACKS			LIGHT FIXTURES / FANS		
WINDOW COVERS			HEATERS / VENTS		
CABINETS / DRAWERS			SWITCHES / OUTLETS		
COUNTERS			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____
					Stove Liners Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No

Date: \_\_\_\_\_

File # \_\_\_\_\_

DESCRIPTION	RATING	COMMENTS	DESCRIPTION	RATING	COMMENTS
<b>MASTER BATHROOM</b>					
WALLS			CABINETS / DRAWERS		
CEILINGS			VANITY LIGHTS / MIRROR		
FLOORS			MEDICINE CABINETS		
DOORS / JAMBS			TOILET		
TOP OF DOOR JAMBS			TUB/SHOWER /DOORS		
BASEBOARDS			TOWEL/TP HOLDERS		
WINDOWS IN / OUT / TRACKS			LIGHT FIXTURES / FANS		
WINDOW COVERS			HEATERS / VENTS		
COUNTERS			SWITCHES / OUTLETS		
SINKS / FAUCETS			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____
<b>MASTER BEDROOM</b>					
WALLS			WINDOWS IN / OUT / TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			CLOSET		
DOORS / JAMBS			LIGHT FIXTURES/FANS		
TOP OF DOOR JAMBS			HEATERS / VENTS		
BASEBOARDS			SWITCHES / OUTLETS		
HALLWAYS			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____
<b>2<sup>ND</sup> BATHROOM</b>					
WALLS			CABINETS / DRAWERS		
CEILINGS			VANITY LIGHTS / MIRROR		
FLOORS			MEDICINE CABINET		
DOORS / JAMBS			TOILET		
TOP OF DOOR JAMBS			TUB/SHOWER /DOORS		
BASEBOARDS			TOWEL / TP HOLDERS		
WINDOWS IN / OUT / TRACKS			LIGHT FIXTURES / FANS		
WINDOW COVERS			HEATERS / VENTS		
COUNTERS			SWITCHES / OUTLETS		
SINKS / FAUCETS			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____
<b>2<sup>ND</sup> BEDROOM</b>					
WALLS			WINDOWS IN / OUT / TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			CLOSET		
DOORS / JAMBS			LIGHT FIXTURES/FANS		
TOP OF DOOR FRAME			HEATERS / VENTS		
BASEBOARDS			SWITCHES / OUTLETS		
HALLWAYS			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____

Date: \_\_\_\_\_

File # \_\_\_\_\_

DESCRIPTION	RATING	COMMENTS	DESCRIPTION	RATING	COMMENTS
<b>3<sup>RD</sup> BEDROOM</b>					
WALLS			WINDOWS IN / OUT / TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			CLOSET		
DOORS / JAMBS			LIGHT FIXTURES/FANS		
TOP OF DOOR FRAME			HEATERS / VENTS		
BASEBOARDS			SWITCHES / OUTLETS		
HALLWAYS			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____
<b>OTHER ROOMS</b>					
WALLS			WINDOWS IN / OUT / TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			CLOSET		
DOORS / JAMBS			LIGHT FIXTURES/FANS		
TOP OF DOOR FRAME			HEATERS / VENTS		
BASEBOARDS			SWITCHES / OUTLETS		
HALLWAYS			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____
<b>LAUNDRY ROOM</b>					
WALLS			WASHER		
CEILINGS			DRYER / LINT TRAP		
FLOORS			LIGHT FIXTURES/FANS		
DOORS / JAMBS			COUNTERS		
TOP OF DOOR JAMBS			SINKS / FAUCETS		
BASEBOARDS			CABINETS / DRAWERS		
WINDOWS IN / OUT / TRACKS			SWITCHES / OUTLETS		
WINDOW COVERS			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____
<b>GARAGE / CARPORT &amp; MISC (OUT BUILDINGS)</b>					
WALLS			STORAGE		
CEILINGS			SHELVING		
FLOORS			FRONT PORCH		
DOORS / JAMBS			DECKS / PATIOS		
TOP OF DOOR JAMBS			LIGHT FIXTURES / FANS		
BASEBOARDS			EXTERIOR LIGHTING		
WINDOWS IN / OUT / TRACKS			SWITCHES / OUTLETS		
WATER HEATER			Number of light bulbs & type needed:		
<b>Notes:</b>					<b>Hours:</b> _____
<b>CARPET:</b> <input type="checkbox"/> STAINED <input type="checkbox"/> ODOR <input type="checkbox"/> DAMAGE			<b>VINYL:</b> <input type="checkbox"/> STAINED <input type="checkbox"/> ODOR <input type="checkbox"/> DAMAGE		
<b>Trash removal:</b>					

Odors present:  Smoke  Pet  other \_\_\_\_\_ Health/Safety issues?  Yes  No \_\_\_\_\_  
 Securable  Yes  No: \_\_\_\_\_ Secured storage?  Yes  No Garage?  Yes  No Basement?  Yes  No