

Office Inspection Form

Edit this office inspection form based on your SLA or contract to cover the line items your team is responsible for.

Location: _____ Date and time: _____

Inspector: _____ Signature: _____

Item	Description	Rating	
Desks	Dusted, with water rings and other marks removed	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Phones	Keypads and handsets are clean and clear of fingerprints or smudges	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Chairs	Chair dusted, including behind the seat; legs and armrests spot cleaned	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Trash cans	Emptied, with fresh liners, and outside of cans spot cleaned	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Walls and baseboards	Free of marks and dust	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Switchplates	No visible oily buildup	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Hanging items	Dusted on all surfaces	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Floors	Clean and clear of debris; no build-up around corners	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Doorknobs	No visible oily buildup	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Windows, blinds, and sills	Clear of streaks, smudges, and dust	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Lighting	Dusted, with no bugs; lightbulbs replaced (or reported) if needed	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Overall notes