

Public Area Cleaning Inspection Form

Location: _____

Date and time: _____

Inspector: _____

Signature: _____

Item	Description	Rating
Floors	Freshly vacuumed or mopped with no buildup in corners.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Furniture	Free of dust and dirt.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Trash	Emptied with fresh bags. Bin exteriors wiped down.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
High-touch surfaces (light switches, doorknobs, push plates, etc.)	Sanitized and free of fingerprints or buildup.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Vertical surfaces (walls, dividers, etc.)	Spot-cleaned with no accumulation of dust.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Horizontal surfaces (desks, tables, etc.)	Clean and dust-free.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Lighting	All bulbs lit and no insect or dust buildup.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Safety	No obvious hazards such as loose cords, curling mats, or broken items.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Overall notes

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