



Monthly Inspection for: \_\_\_\_\_

Location: \_\_\_\_\_

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

## COMMERCIAL CLEANING LI

Acceptable=A      Unacceptable=U

Outside	A/U	Explanation
Waste Receptacles		
Cigarette Butt Receptacle		
Other		

Entryways / Lobbies	A/U	Explanation
Floors		
Doors		
Walls		
Floor Mats		
Glass		
Other		

Floors	A/U	Explanation
Floors		
Carpets		
Waste Receptacles		
Other		

Lavatories	A/U	Explanation
Sinks		
Toilets/Urinals		
Floors		
Dispensers		
Supplies		
Waste Receptacles		
Dusting / Cobwebs (Entire Building)		

	Yes	No	Explanation
Is janitor's closet and equipment maintained in good condition?			
Does location need any supplies or equipment at this time?			
Is periodic work performed in accordance with the specifications? <b>(Floors Strip &amp; Waxed)</b>			Date Floors Last Done