Cleaning Sheet

Address: _____ Cleaning Date: _____

(include apartment # if applicable)

Circle condition 1 = clean, 2 = dirty, 3 = damaged/nonfunctioning. Note as needed.
[x] check box to indicate cleaning completed

Thoughout Apartment

walls/ceiling	1 2 3 [ ]	sweep cobwebs
walls	1 2 3 [ ]	spot clean
hard floors	1 2 3 [ ]	sweep & mop
carpet	1 2 3 [ ]	vacuum
door	1 2 3 [ ]	spot clean
window	1 2 3 [ ]	windex
sash & sill	1 2 3 [ ]	wipe down
mirror	1 2 3 [ ]	windex

Kitchen

refrigerator	1 2 3 [ ]	clean inside & out
	1 2 3 [ ]	pull out & clean behind
dishwasher	1 2 3 [ ]	clean inside & out
	1 2 3 [ ]	wash cycle with cleaner
stove	1 2 3 [ ]	clean inside & out
	1 2 3 [ ]	pull out & clean behind
cabinets	1 2 3 [ ]	clean inside & out
countertop	1 2 3 [ ]	wipe down
sink	1 2 3 [ ]	clean

Living

ceiling fan	1 2 3 [ ]	wipe down
AC filter	1 2 3 [ ]	remove & wash

Bathroom

exhaust grille	1 2 3 [ ]	vacuum
cabinets	1 2 3 [ ]	clean inside & out
toilet	1 2 3 [ ]	clean
tub/shower	1 2 3 [ ]	clean
sink	1 2 3 [ ]	clean

Man-hours to clean premises: _____ hrs