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Your clean was completed by _____ today _____ (Date)

Below is a checklist of what was cleaned, as well as any comments.

Job # _____

Bedrooms			
All surfaces wiped down		Window Sills Cleaned	
Furniture Dusted		Rooms Vacuumed/Mopped	
Rugs Vacuumed (If Required)		Window Blinds Dusted	

Bathrooms			
Basins Cleaned		Countertops Wiped Clean	
Mirrors Cleaned		Basin Taps Cleaned	
Bathtub Taps Cleaned		Bathtub Cleaned (Inside and Out)	
Shower Head & Taps Cleaned		Shower Screens Cleaned (In and Out)	
Toilet Cleaned (In and Out)		Shower Internal Tiles Cleaned	
Floor Mopped		Bathroom Dusted	
Window Sills Cleaned		Window Blinds Dusted	

Kitchen			
All countertops cleaned		Oven Front Cleaned	
Small Appliances Wiped Down		Cupboard Doors Wiped Down	
Microwave Cleaned In & Out		Floor Swept	
Sink & Surrounding Areas Cleaned		Sink Taps Cleaned	
Stove Top Cleaned		Window Blinds Dusted	
Range Hood Cleaned		Splash Backs Cleaned	
Floor Mopped			

Living Areas			
Tables and Surfaces Wiped Down		Furniture Vacuumed + Under Cushions	
TV Cabinets Wiped Down And Dusted		Floors Vacuumed/Mopped	
Window Blinds Dusted		Window Sills Cleaned	

Comments:

Signed (By Cleaner): _____