QUALITY CONTROL CHECKLIST
LISTING CLEANS

Customer Name: _____

Date: _____

Bathrooms
____Tile walls, bathtubs and showers
____Shower doors
____Vanity and sinks
____Mirrors
____Floors vacuumed and mopped
____Toilets
____Dusting
____Fronts of cabinets cleaned
____Empty trash
____Baseboards

Kitchen
____Countertops
____Top and front of range
____Drip pans
____Sinks
____Exterior appliances
____Floors vacuumed and mopped
____Microwave
____Dusting
____Fronts of cabinets cleaned
____Empty trash

Bedrooms
____Linens changed
____Furniture dusted
____Pictures dusted
____Window sills
____Knick-knacks dusted
____Floors vacuumed and mopped
____Empty trash

Other living areas
____Furniture dusted
____Pictures dusted
____Window sills dusted
____T/V, computer screens
____Mirrors
____Floors vacuumed and mopped
____Empty trash
____Storm doors, sliding glass doors , french doors cleaned

All rooms
____Cobwebs removed
____Doors dusted
____Fingerprints from doors and
      light switches removed
____Return air vents dusted
____Baseboards
____Mini blinds dusted
____Ceiling fans cleaned
____Light fixtures cleaned
____Edges of carpet vacuumed

upon request
____Oven
____Porches and garage swept
____Windows

EMPLOYEE SIGNATURES: _____