



Cleaner Name: _____

Address _____

Cleaning Checklist

Date _____

| Where | To Do | Yes/No | |
|-------------------|---|--------------------------|--------------------------|
| Whole Home | 5 minute initial assessment, before photos, cleaning plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Kitchen | Appliance Exteriors Cleaned (Include top of refrigerator) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Microwave interior/exterior cleaned | <input type="checkbox"/> | <input type="checkbox"/> |
| | Tables and Chairs cleaned | <input type="checkbox"/> | <input type="checkbox"/> |
| | Countertops and backsplash disinfected (items moved) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Cabinet Fronts Dusted | <input type="checkbox"/> | <input type="checkbox"/> |
| | Load/Run/Empty Dishwasher | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sweep/mop/vacuum floors and area rugs | <input type="checkbox"/> | <input type="checkbox"/> |
| | Disinfecting switches and door knobs | <input type="checkbox"/> | <input type="checkbox"/> |
| | Trash Emptied, add a new bag | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathrooms | Tub and shower scrubbed, disinfected and rinsed | <input type="checkbox"/> | <input type="checkbox"/> |
| | Toilets scrubbed inside and out, toilet paper folded to a point | <input type="checkbox"/> | <input type="checkbox"/> |
| | Towels neatly folded and hung | <input type="checkbox"/> | <input type="checkbox"/> |
| | Countertops disinfected (all items removed and replaced) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sinks scrubbed and disinfected | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sweep/mop/vacuum floors and area rugs | <input type="checkbox"/> | <input type="checkbox"/> |
| | Mirrors cleaned | <input type="checkbox"/> | <input type="checkbox"/> |
| | Trash Emptied, add a new bag | <input type="checkbox"/> | <input type="checkbox"/> |
| Bedrooms | Beds made (linens changed on request, if left on bed) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Lamps and lampshades dusted | <input type="checkbox"/> | <input type="checkbox"/> |
| | Picture frames dusted | <input type="checkbox"/> | <input type="checkbox"/> |
| | Furniture dusted- top, front, vacuum or sweep underneath | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sweep/mop/vacuum floors and area rugs | <input type="checkbox"/> | <input type="checkbox"/> |
| | Fingerprints removed from woodwork, doorframes, switches | <input type="checkbox"/> | <input type="checkbox"/> |
| | Mirrors cleaned | <input type="checkbox"/> | <input type="checkbox"/> |
| | Trash Emptied, add a new bag | <input type="checkbox"/> | <input type="checkbox"/> |
| | Fluff pillows, straighten items, fold blankets and loose clothing | <input type="checkbox"/> | <input type="checkbox"/> |



Cleaner Name: _____

Address _____

Cleaning Checklist

Optional Deep Cleaning
Add-Ons

Date _____

| Where | To Do | Yes/No | |
|-------|-------|--------|--|
|-------|-------|--------|--|

| | | | |
|---------------------------|--|--------------------------|--------------------------|
| Other living areas | Carpets/area rugs vacuumed | <input type="checkbox"/> | <input type="checkbox"/> |
| including halls | Cushions and pillows fluffed and straightened | <input type="checkbox"/> | <input type="checkbox"/> |
| and stairs | Light fixtures dusted (height restrictions apply) | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | Lamps cleaned and shades dusted | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | Picture frames dusted | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | Furniture dusted- top, front, and back | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | Floors vacuumed and/or swept/mopped | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | Stairs vacuumed and/or swept/mopped | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | Disinfecting switches and door knobs | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | Trash Emptied, add a new bag | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | General straightening up (Including blankets folded) | <input type="checkbox"/> | <input type="checkbox"/> |
| Optional | Inside windows cleaned, windowsills and blinds dusted | <input type="checkbox"/> | <input type="checkbox"/> |
| Deep Cleaning | Baseboards Dusted | <input type="checkbox"/> | <input type="checkbox"/> |
| Add-Ons | Refrigerator Cleaning (Inside wipe down, items moved) | <input type="checkbox"/> | <input type="checkbox"/> |
| (All areas) | Oven Cleaning | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | Pet Hair Removal | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Notes
