CLEANING SERVICES
Cleaning/Inspection Report & Invoice

Work order #_____ Date completed:_____ Control #_____

File #_____ Unit #_____ Property Address:_____

☐ Move-Out Detail Clean ☐ Touch Up Clean ☐ New Property ☐ Bid Only

Reason for Extra Trip Charge –
☐ Keys not Working ☐ Not Vacant
☐ No Utilities

Pictures Taken: ☐ Yes ☐ No

Extra Trip Charge			$
Cleaning Supplies			$
Total Hours		At $25.00	$
		Total	$

CLEANLINESS IS RATED ON A SCALE OF: 1 (VERY CLEAN) TO 5 (VERY DIRTY).
RATING OF 1 – 2 REQUIRES NO OR MINIMAL CLEANING. RATING OF 4 – 5 MAY REQUIRE ADDITIONAL CHARGES.

DESCRIPTION	RATING	COMMENTS	DESCRIPTION	RATING	COMMENTS
LIVING ROOM / ENTRY					
ENTRY			COAT CLOSET		
WALLS			WINDOWS IN / OUT / TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			FIREPLACES		
DOORS / JAMBS			LIGHT FIXTURES/FANS		
TOP OF DOOR JAMBS			HEATERS / VENTS		
BASEBOARDS			SWITCHES / OUTLETS		
HALLWAYS			Number of light bulbs & type needed:		
Notes:					**Hours:**_____
DINING ROOM					
WALLS			WINDOWS IN/OUT/TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			LIGHT FIXTURES/FANS		
DOORS / JAMBS			HEATERS / VENTS		
TOP OF DOOR JAMBS			SWITCHES/OUTLETS		
BASEBOARDS			Number of light bulbs & type needed:		
Notes:					**Hours:**_____
KITCHEN ROOM					
WALLS			SINK / FAUCET		
CEILINGS			STOVE TOP / HOOD/LIGHT		
FLOORS			OVEN SIDES/UNDER		
DOORS / JAMBS			MICROWAVE		
TOP OF DOOR JAMBS			DISHWASHER		
BASEBOARDS			FRIDGE TOP/SIDES/BACK		
WINDOWS IN / OUT / TRACKS			LIGHT FIXTURES / FANS		
WINDOW COVERS			HEATERS / VENTS		
CABINETS / DRAWERS			SWITCHES / OUTLETS		
COUNTERS			Number of light bulbs & type needed:		
Notes:					**Hours:**_____

Stove Liners Replaced: ☐ Yes ☐ No

Date:_____ **File #** _____

DESCRIPTION	RATING	COMMENTS	DESCRIPTION	RATING	COMMENTS
MASTER BATHROOM					
WALLS			CABINETS / DRAWERS		
CEILINGS			VANITY LIGHTS / MIRROR		
FLOORS			MEDICINE CABINETS		
DOORS / JAMBS			TOILET		
TOP OF DOOR JAMBS			TUB/SHOWER /DOORS		
BASEBOARDS			TOWEL/TP HOLDERS		
WINDOWS IN / OUT / TRACKS			LIGHT FIXTURES / FANS		
WINDOW COVERS			HEATERS / VENTS		
COUNTERS			SWITCHES / OUTLETS		
SINKS / FAUCETS			Number of light bulbs & type needed:		
Notes:					**Hours:**_____
MASTER BEDROOM					
WALLS			WINDOWS IN / OUT / TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			CLOSET		
DOORS / JAMBS			LIGHT FIXTURES/FANS		
TOP OF DOOR JAMBS			HEATERS / VENTS		
BASEBOARDS			SWITCHES / OUTLETS		
HALLWAYS			Number of light bulbs & type needed:		
Notes:					**Hours:**_____
2ND BATHROOM					
WALLS			CABINETS / DRAWERS		
CEILINGS			VANITY LIGHTS / MIRROR		
FLOORS			MEDICINE CABINET		
DOORS / JAMBS			TOILET		
TOP OF DOOR JAMBS			TUB/SHOWER /DOORS		
BASEBOARDS			TOWEL / TP HOLDERS		
WINDOWS IN / OUT / TRACKS			LIGHT FIXTURES / FANS		
WINDOW COVERS			HEATERS / VENTS		
COUNTERS			SWITCHES / OUTLETS		
SINKS / FAUCETS			Number of light bulbs & type needed:		
Notes:					**Hours:**_____
2ND BEDROOM					
WALLS			WINDOWS IN / OUT / TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			CLOSET		
DOORS / JAMBS			LIGHT FIXTURES/FANS		
TOP OF DOOR FRAME			HEATERS / VENTS		
BASEBOARDS			SWITCHES / OUTLETS		
HALLWAYS			Number of light bulbs & type needed:		
Notes:					**Hours:**_____

Date:_____ **File #**_____

DESCRIPTION	RATING	COMMENTS	DESCRIPTION	RATING	COMMENTS
3ND BEDROOM					
WALLS			WINDOWS IN / OUT / TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			CLOSET		
DOORS / JAMBS			LIGHT FIXTURES/FANS		
TOP OF DOOR FRAME			HEATERS / VENTS		
BASEBOARDS			SWITCHES / OUTLETS		
HALLWAYS			Number of light bulbs & type needed:		
Notes:					**Hours:**_____
OTHER ROOMS					
WALLS			WINDOWS IN / OUT / TRACKS		
CEILINGS			WINDOW COVERS		
FLOORS			CLOSET		
DOORS / JAMBS			LIGHT FIXTURES/FANS		
TOP OF DOOR FRAME			HEATERS / VENTS		
BASEBOARDS			SWITCHES / OUTLETS		
HALLWAYS			Number of light bulbs & type needed:		
Notes:					**Hours:**_____
LAUNDRY ROOM					
WALLS			WASHER		
CEILINGS			DRYER / LINT TRAP		
FLOORS			LIGHT FIXTURES/FANS		
DOORS / JAMBS			COUNTERS		
TOP OF DOOR JAMBS			SINKS / FAUCETS		
BASEBOARDS			CABINETS / DRAWERS		
WINDOWS IN / OUT / TRACKS			SWITCHES / OUTLETS		
WINDOW COVERS			Number of light bulbs & type needed:		
Notes:					**Hours:**_____
GARAGE / CARPORT & MISC (OUT BUILDINGS)					
WALLS			STORAGE		
CEILINGS			SHELVING		
FLOORS			FRONT PORCH		
DOORS / JAMBS			DECKS / PATIOS		
TOP OF DOOR JAMBS			LIGHT FIXTURES / FANS		
BASEBOARDS			EXTERIOR LIGHTING		
WINDOWS IN / OUT / TRACKS			SWITCHES / OUTLETS		
WATER HEATER			Number of light bulbs & type needed:		
Notes:					**Hours:**_____
CARPET: ☐ STAINED ☐ ODOR ☐ DAMAGE			**VINYL**: ☐ STAINED ☐ ODOR ☐ DAMAGE		
Trash removal:					

Odors present: ☐ Smoke ☐ Pet ☐ other _____ Health/Safety issues? ☐ Yes ☐ No _____

Securable ☐ Yes ☐ No: _____ Secured storage? ☐Yes ☐ No Garage? ☐ Yes ☐ No Basement? ☐ Yes ☐ No