

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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> STAINED <input type="checkbox"/> ODOR <input type="checkbox"/> DAMAGE			VINYL: <input type="checkbox"/> STAINED <input type="checkbox"/> ODOR <input type="checkbox"/> 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