Cleaning Checklist

Department/Area: _____

Completed by: _____ **Date:** _____

Task	Daily	Weekly	Monthly	Initials
Empty Trask and recycle bins	☐	☐	☐	
Replace trash liners as needed	☐	☐	☐	
Dust desks, counters, and work surfaces	☐	☐	☐	
Wipe and disinfect desks and shared workstations	☐	☐	☐	
Clean and disinfect door handles and light switches	☐	☐	☐	
Clean telephones, keyboards, and computer mice (shared equipment)	☐	☐	☐	
Vacuum carpets and entry mats	☐	☐	☐	
Sweep and mop hard floors	☐	☐	☐	
Spot clean walls, door, and glass	☐	☐	☐	
Clean interior windows and mirrors	☐	☐	☐	
Wipe conference room tables and chairs	☐	☐	☐	
Sanitize breakroom tables and countertops	☐	☐	☐	
Clean microwaves (inside and out)	☐	☐	☐	
Clean refrigerators (remove expired food weekly)	☐	☐	☐	
Clean coffee makers and other shared appliances	☐	☐	☐	
Refill paper towels, soaps, and sanitizer dispensers	☐	☐	☐	
Clean and disinfect sinks and faucets	☐	☐	☐	
Clean and disinfect toilets and urinals	☐	☐	☐	
Refill restroom supplies (toilet paper, soap, paper towels)	☐	☐	☐	
Clean restroom mirrors and partitions	☐	☐	☐	
Inspect and remove clutter from common areas	☐	☐	☐	
Dust shelves, cabinets, and baseboards	☐	☐	☐	
Clean air vents and return grills	☐	☐	☐	
Wipe down office furniture	☐	☐	☐	
Inspect for maintenance issues and report as needed	☐	☐	☐	

Inspection

Office condition: ☐ Excellent ☐ Satisfactory ☐ Needs Attention

Comments/Corrective Actions:

_____

_____

Supervisor's Signature: _____ Date: _____