



DETAIL CLEANING CHECKLIST

Property Address: _____

Property Name/#: _____

DAY DATE SERVICE REP NAME VISIT TYPE BILL TO NAME:

			<input type="checkbox"/> Scheduled <input type="checkbox"/> Special <input type="checkbox"/> Emergency	
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✓	KITCHEN/ BATHROOMS	Duties/Frequency:	Comments/Issues/Incomplete Items
	Toilets/faucets	Clean/shine/disinfect	Verify plunger, snake, pan in each bath
	Tub/shower/sink	Grout, tile, scrub brush floors	Slick vanity/sinks with GelGloss
	Countertops	Wipe, disinfect	
	Cabinets	Wipe, touchup scratches	
	Appliances	Oven spray, wipe surfaces	
	Lighting/electrical	Clean/dust/test/replace bulbs	
	Ceilings	Wipe fan blades, dust corners	
	Walls/windows	Clean glass in/out, wipe blinds	
	Doors	Dust top, wipe down front door	
	Flooring	Vacum, mop, scrub, get stains	
✓	LIVING/ BEDROOMS	Duties/Frequency:	Comments/Issues/Incomplete Items
	HVAC/filters	Dust/vacuum filters/grills	Replace or wash filters
	Water heater	Wipe down if accessible	
	Lighting/electrical		
	Ceilings		
	Walls/windows		
	Doors		
	Flooring		
	PestControl	Spray/ place roach motels	

X _____ = _____
 Supervisor/Service Rep Signature(s) Date Time In Time Out Total Billable Hours (to nearest Qtr hour)

IF THIS PROPERTY NEEDS ATTENTION:

Contact Robert at 423-581-9922 office, 423-231-1266 cell, 423-587-6749 fax RentUTK@charter.net