Cleaning Audit Checklist

Room-by-room cleaning quality audit with scores, photos and corrective actions, for contract cleaning and FM teams.

Audit

Site name *	
Site address	
Date *	_____ / _____ / _____
Time	_____ : _____
Auditor *	
Cleaning contractor / team	

Areas

Areas 1

Room / area *	
Area type *	
Floors *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Desks and surfaces *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
High-level dusting *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Bins emptied *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Glass and mirrors *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Sanitary ware *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Consumables replenished *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Issues / corrective action	
Photo	*Attach photo or sketch*

Areas 2

Room / area *	
Area type *	
Floors *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Desks and surfaces *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
High-level dusting *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Bins emptied *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Glass and mirrors *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Sanitary ware *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Consumables replenished *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Issues / corrective action	
Photo	*Attach photo or sketch*

Areas 3

Room / area *	
Area type *	
Floors *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Desks and surfaces *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
High-level dusting *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Bins emptied *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Glass and mirrors *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Sanitary ware *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A
Consumables replenished *	☐ Good ☐ Acceptable ☐ Poor ☐ N/A

Issues / corrective action	
Photo	*Attach photo or sketch*

Result

Overall score *	☐ Excellent ☐ Good ☐ Acceptable ☐ Poor
Additional comments	
Auditor name *	
Auditor signature *	
Date signed *	_____ / _____ / _____

* Required