[Your Business Name]
[phone] · [email] · [address]

Cleaner Training & Skills Sign-Off Sheet

For cleaning businesses — a four-week training record: skills taught, practiced, demonstrated and signed off.

Document details

Training record reference: _____

1 · Trainee & trainer information

Trainee full name: _____

Trainer / supervisor: _____

Employment / start date: _____

Training start date: _____

Expected review date: _____

Primary work location: _____

Standard cleaning checklist version: _____

Emergency contact procedure explained

☐ Yes ☐ No

Workplace safety orientation completed

☐ Yes ☐ No

2 · Assessment instructions

Each skill is marked T (taught / explained), P (practised under supervision), D (demonstrated independently to the required standard) or R (requires further training). A skill is signed off only when the trainer has observed the trainee demonstrate it to the business's required standard.

3 · Week 1 — Orientation & fundamentals

Skill	T	P	D	R	Trainer initials
Understand the work order and service scope					
Identify included and excluded services					
Select appropriate cleaning cloths					
Read product labels and instructions					
Understand dilution instructions					
Avoid mixing incompatible chemicals					
Use gloves and required PPE					
Follow basic hand hygiene					
Handle client property respectfully					
Follow entry and exit procedures					

Training dates: _____

Trainer notes: _____

Trainer sign-off: _____

Trainee acknowledgement: _____

4 · Week 2 — Room-by-room cleaning

Skill	T	P	D	R	Trainer initials
Kitchen — clean counters and accessible surfaces					
Kitchen — clean sink and faucet					
Kitchen — clean appliance exteriors					
Kitchen — clean cooktop and range					
Kitchen — spot-clean cabinet fronts					
Kitchen — sweep and mop floors					
Bathrooms — clean toilets using appropriate procedures					
Bathrooms — clean sinks and faucets					
Bathrooms — clean shower and bathtub					
Bathrooms — clean mirrors and fixtures					
Bathrooms — clean floors					
Bathrooms — handle bathroom cleaning tools separately					
Bedrooms — dust accessible surfaces					
Bedrooms — make beds when included					
Bedrooms — clean mirrors					
Bedrooms — vacuum and mop appropriate floors					
Bedrooms — empty trash					
Living areas — dust accessible furniture					
Living areas — clean reachable high-touch surfaces					
Living areas — vacuum carpets and rugs					
Living areas — mop suitable hard floors					
Living areas — follow client-specific instructions					

Training dates: _____

Trainer notes: _____

Trainer sign-off: _____

Trainee acknowledgement: _____

5 · Week 3 — Equipment, efficiency & special tasks

Skill	T	P	D	R	Trainer initials
Correct vacuum use and maintenance					
Mop and bucket handling					

Safe use of approved cleaning products					
Stainless-steel surface care					
Glass and mirror cleaning					
Appropriate floor-care methods					
Oven add-on procedure, if authorized					
Refrigerator add-on procedure, if authorized					
Waste handling					
Equipment cleaning and storage					
Time management using a work order					
Reporting damage or an unusual condition					

Training dates: _____

Trainer notes: _____

Trainer sign-off: _____

Trainee acknowledgement: _____

6 · Week 4 — Supervised independent job performance

Assessment	Pass	Fail
Reads and follows work order		
Completes kitchen checklist		
Completes bathroom checklist		
Completes bedroom checklist		
Completes living-area checklist		
Uses supplies appropriately		
Protects client property		
Follows access / security procedure		
Performs final self-inspection		
Reports issues correctly		

Supervised job reference: _____

Assessment date: _____

Trainer comments

_____

_____

_____

7 · Final training decision — overall result

☐ Approved for assigned duties

☐ Approved with restrictions

☐ Additional training required

Restricted or unauthorized tasks

Further training required

Next assessment date: _____

Trainer name & signature: _____

Trainee name & signature: _____

Final review date: _____

8 · Training acknowledgement

My signature confirms that the training activities and assessments recorded above have been reviewed with me. It does not waive my right to ask questions or receive additional instruction.

Trainee signature: _____

Trainer signature: _____

Date: _____

This is an internal training record, not a professional certification or guarantee of competence for every cleaning task.

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