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

Cleaning Quality Inspection Sheet

For cleaning businesses — a room-by-room quality check after a visit, with corrective actions and a signed re-check.

Job details

Inspection reference: _____

Client name: _____

Service address: _____

Job reference: _____

Cleaning date: _____

Inspection date: _____

Cleaner / team: _____

Inspector: _____

Inspection time: _____

Visit type

- ☐ Deep clean
- ☐ Recurring
- ☐ Move-in
- ☐ Move-out
- ☐ Other

How to rate each task

PASS — the task meets the business's stated cleaning standard. FAIL — the task needs corrective attention. N/A — the task was not included in the agreed scope.

Kitchen

Task	Pass	Fail	N/A	Notes / corrective action
Counters and accessible surfaces clean				
Sink and faucet cleaned				
Cooktop and exterior range cleaned				
Appliance exteriors wiped				
Cabinet fronts spot-cleaned as needed				
Floor swept and mopped				
Trash removed and liner replaced if supplied				

Bathrooms

Task	Pass	Fail	N/A	Notes / corrective action
Toilet cleaned and sanitized				
Sink and faucet cleaned				
Shower / tub cleaned				
Mirrors free of visible marks				

Fixtures wiped				
Floor cleaned				
Trash removed				

Bedrooms

Task	Pass	Fail	N/A	Notes / corrective action
Accessible surfaces dusted				
Bed made if included				
Mirrors cleaned where applicable				
Accessible floors vacuumed or mopped				
Trash removed				

Living & common areas

Task	Pass	Fail	N/A	Notes / corrective action
Accessible furniture surfaces dusted				
Visible marks addressed within scope				
Floors vacuumed or mopped				
Accessible high-touch surfaces wiped				
Trash removed				

General & final checks

Task	Pass	Fail	N/A	Notes / corrective action
No obvious cleaning-product residue				
Equipment and supplies removed				
Lights and doors left as instructed				
Client belongings left in place				
Access arrangements followed				
All agreed add-ons completed				

Inspection result

Total items inspected: _____

Pass: _____

Fail: _____

N/A: _____

Overall result

☐ PASS

☐ PASS WITH MINOR NOTES

☐ FAIL

Job completion approved

☐ Yes ☐ No

Corrective action record

Room / task	Defect found	Corrective action required	Assigned to	Due date	Completed

Re-check & sign-off

Re-inspection date: _____

Re-inspected by: _____

Corrective actions verified

☐ Yes ☐ No

Remaining issues: _____

Inspector signature: _____

Cleaner acknowledgement: _____

Re-check signature: _____

Re-check date: _____

Inspection records support internal quality control. They are not proof that every surface or hidden area has been inspected.

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