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

House Cleaning Checklist — Per Visit

For cleaning businesses — the recurring-visit standard, with rotation tasks and a visit record.

Visit details

Client: _____

Service address: _____

Visit date: _____

Cleaner: _____

Time in: _____

Time out: _____

Kitchen

- ☐ Counters wiped
- ☐ Sink cleaned
- ☐ Appliance exteriors wiped
- ☐ Stovetop cleaned
- ☐ Microwave — inside
- ☐ Floor swept and mopped
- ☐ Bin emptied

Bathrooms

- ☐ Toilet cleaned
- ☐ Shower / bath cleaned
- ☐ Mirrors polished
- ☐ Counters and sinks
- ☐ Floor mopped
- ☐ Bin emptied
- ☐ Towels changed (if left out)

Bedrooms

- ☐ Bed made / linens changed (as agreed)
- ☐ Surfaces dusted
- ☐ Floor vacuumed / mopped

- ☐ Mirrors wiped

Living areas

- ☐ Surfaces dusted
- ☐ Cushions straightened
- ☐ Floor vacuumed / mopped
- ☐ Glass spots wiped

This visit

Rotation task completed this visit:

_____

Client requests completed: _____

Issues to report: _____

Sign-off

Cleaner signature: _____

Free template from FormNest (formnest.pages.dev) — free for your own business use; please do not redistribute or resell.