CLEAN-UP REPORT

24

PROPERTY _____

ADDRESS/APT. _____

APT INSPECTED BY: _____ DATE: _____

LV – LIVING ROOM DN – DINING ROOM B – BEDROOM

Required Yes	Required No		LV	DN	B#1	B#2	B#3	Bath	Completed Date	By
		ALL ROOMS Windows Washed								
		Woodwork Oiled								
		Drapes Cleaned								
		Carpet Cleaned								
		Carpet Spotted Spot Cleaned								
		Carpet Repairing								
		Clean and Polish Floors								
		Light Fixtures Cleaned								
		Light Globes Replaced								
		Light Shades Replaced								
		Venetian Blinds Cleaned								
		Mirrors Cleaned								
		Miscellaneous								
		Door Keys								
		Lock Change								
		KITCHEN Stove Cleaned								
		Oven Cleaned								
		Refrigerator Defrosted and Cleaned								
		Cupboards and Drawers Cleaned out with Damp Cloth								
		Cupboards Wiped Down Outside								
		Range Hood Cleaned								
		Drain Board Cleaned								
		Sink Cleaned and Dishwasher Checked								
		Floor Washed and Polished								
		Walls Wiped Down Where Necessary								
		Ice Cube Tray Replacement								
		Broiler Pan Replacement								
		BATH Vanity Cleaned								
		Medicine Cabinet Cleaned - Mirror Washed								
		Ceramic Tile Washed Down								
		Water Closets Cleaned								
		Bath Tub Cleaned								
		Walls Washed Where Necessary								
		Floor Washed and Polished								
		Towel Bar Replaced								
		Medicine Cabinet Replaced								
		MISCELLANEOUS WORK Wall Repairing or Painting								

Date _____ Hours _____

(If additional space is needed, use reverse side)

Date Smoke Alarm Tested ____/____/____

Date ALL Thermostats Turned to Lowest Position ____/____/____

Date Water Heater Turned Off ____/____/____

PREVIEW ONLY

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