

Cleaning Audit Form

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DATE

CUSTOMER NAME

CLIENT REPRESENTATIVE

TOTAL SCORE POSSIBLE: _____

ACTUAL SCORE: _____

PERCENTAGE: _____

Client Representative Signature

Robinson Cleaning Signature

WHITE = Client
YELLOW = Office
BLUE = Area Supervisor
PINK = On-Site Staff

ENTRANCE	PASS	FAIL
Foyer		
Matting		
Glass		
ADMIN AREAS	PASS	FAIL
Offices / Meeting Rooms		
Carpets		
Bins		
Surfaces / Desks		
Telephones		
Stairs / Landing / Corridor		
Kitchen / Canteen Areas		
Lifts		
Glass / Windows		
Fire Extinguishers		
Sales / Work Station		
Customer Wash Areas		
Mall Floor		
Staff Room Floor		
Workshop Area		

STAFF TOILETS	PASS	FAIL
Floor		
WC / Seats / Urinals		
Basins / Mirrors / Surfaces		
Fixtures / Partitions / Pipes		
Consumables		
CUSTOMER TOILETS	PASS	FAIL
Floor		
WC / Seats / Urinals		
Basins / Mirrors / Surfaces		
Fixtures / Partitions / Pipes		
Consumables		
OTHER AREAS	PASS	FAIL
COLUMN TOTAL		
POSSIBLE SCORE		

ADDITIONAL COMMENTS:

GENERAL AWARENESS	YES / NO
Cleaning Equipment checked?	
Cleaning Cupboard checked?	
Staff Presentation checked?	