

Daily Room Cleaning Checklist

Task	Comments
<input type="checkbox"/> Empty trash bins	
<input type="checkbox"/> Dust surfaces	
<input type="checkbox"/> Wipe and disinfect high-touch areas	
<input type="checkbox"/> Vacuum or sweep floors	
<input type="checkbox"/> Mop hard floors (if applicable)	
<input type="checkbox"/> Change bed linens and make bed	
<input type="checkbox"/> Replace towels (if applicable)	
<input type="checkbox"/> Clean mirrors and glass surfaces	
<input type="checkbox"/> Replenish room supplies (e.g. toiletries, water)	
<input type="checkbox"/> Report any damages or maintenance issues	

Notes:

Staff Signature: _____

Date: _____