

Public Area Housekeeping Inspection Form

Date: Inspected by:

Location/Area:

Inspection Checklist

Area / Item	Satisfactory	Needs Attention	Comments
Lobby / Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Corridors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Staircases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Furniture & Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Windows & Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Trash Bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

General Comments / Action Needed

Inspected by

Supervisor