

# Public Area Housekeeping Inspection Form

Date: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Name \_\_\_\_\_

Location/Area: \_\_\_\_\_ Area \_\_\_\_\_

## Inspection Checklist

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

## General Comments / Action Needed

\_\_\_\_\_

Inspected by \_\_\_\_\_

Supervisor \_\_\_\_\_