

Motel Room Cleaning Verification Sheet

Room Number:	Date:
Guest Departure Time:	Inspector Name:

Task	Done
Beds Made Properly	
Bathroom Cleaned	
Towels Replaced	
Toiletries Restocked	
Vacuumed/Floor Cleaned	
Trash Emptied	
Mirrors Cleaned	
Furniture Dusted	
Remote Controls Sanitized	
Windows/Blinds Checked	

Cleaner Name / Signature
Inspector Signature