

# Cleaning Verification Form

Name of Firm: \_\_\_\_\_

Project Name/Location: \_\_\_\_\_

Renovator Name/Signature: \_\_\_\_\_

<b>Work Area #:</b> _____		<input type="checkbox"/> Interior		<input type="checkbox"/> Exterior							
Description Name/Location: _____											
Date: _____		Time: _____		Passed Visual Inspection : <input type="checkbox"/>							
<b>Window Sill:</b>	Pass	Fail	<b>Floor 1:</b>	Pass	Fail	<b>Floor 2:</b>	Pass	Fail	<b>Floor 3:</b>	Pass	Fail
First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>	
<b>Floor 4:</b>	Pass	Fail	<b>Floor 5:</b>	Pass	Fail	_____:	Pass	Fail	_____:	Pass	Fail
First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>	

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<b>Window Sill:</b>	Pass	Fail	<b>Floor 1:</b>	Pass	Fail	<b>Floor 2:</b>	Pass	Fail	<b>Floor 3:</b>	Pass	Fail
First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>	
<b>Floor 4:</b>	Pass	Fail	<b>Floor 5:</b>	Pass	Fail	_____:	Pass	Fail	_____:	Pass	Fail
First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>	

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Date: _____		Time: _____		Passed Visual Inspection : <input type="checkbox"/>							
<b>Window Sill:</b>	Pass	Fail	<b>Floor 1:</b>	Pass	Fail	<b>Floor 2:</b>	Pass	Fail	<b>Floor 3:</b>	Pass	Fail
First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>	
<b>Floor 4:</b>	Pass	Fail	<b>Floor 5:</b>	Pass	Fail	_____:	Pass	Fail	_____:	Pass	Fail
First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>	First Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>	Second Wipe	<input type="checkbox"/>	<input type="checkbox"/>
Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>		Dry Wipe	<input type="checkbox"/>	