

Cleaning Verification Form

Name of Firm: _____

Project Name/Location: _____

Renovator Name/Signature: _____

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

Work Area #: _____		<input type="checkbox"/> Interior		<input type="checkbox"/> Exterior							
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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"/>	
Floor 4:	Pass	Fail	Floor 5:	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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Window Sill:	Pass	Fail	Floor 1:	Pass	Fail	Floor 2:	Pass	Fail	Floor 3:	Pass	Fail
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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"/>	
Floor 4:	Pass	Fail	Floor 5:	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"/>	