

# CLEANING TRAINING CHECKLIST

## OFFICE & CORPORATE SPACES

**HOW TO USE:** Fill in the "Products & Dilution" and "Frequency" columns with your facility's specific products and schedules. Use Pass/Fail criteria to train staff on quality standards. Staff should initial each area when complete.

Facility Name: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Cleaning Area	Task Steps & PPE	Products & Dilution (Fill In)	Frequency (Fill In)	Pass/Fail Criteria	Initial
Workstations	<ol style="list-style-type: none"> <li>Dust surfaces top-to-bottom</li> <li>Wipe keyboards &amp; mice</li> <li>Clean monitors</li> <li>Organize cables</li> </ol> PPE: Gloves	Disinfecting wipes: _____ Microfiber cloths: _____ Electronics cleaner: _____	<input type="radio"/> Daily <input type="radio"/> 2x/day <input type="radio"/> Other: _____	<b>PASS:</b> No dust, monitors streak-free, keyboards clean, wipes >75% stocked  <b>FAIL:</b> Visible dust, sticky residue, empty dispensers	
Restrooms	<ol style="list-style-type: none"> <li>Apply disinfectant (observe dwell time)</li> <li>Scrub &amp; rinse fixtures</li> <li>Clean mirrors &amp; sinks</li> <li>Mop floors (clean to dirty)</li> <li>Restock supplies</li> </ol> PPE: Gloves, safety glasses	Toilet bowl cleaner: _____ All-purpose disinfectant: _____ Glass cleaner: _____ Floor cleaner: _____	<input type="radio"/> 2x/day <input type="radio"/> 3x/day <input type="radio"/> Other: _____	<b>PASS:</b> No odor, fixtures shiny, floors dry, paper >75%, soap >75%  <b>FAIL:</b> Odor present, water spots, empty dispensers	
Breakrooms	<ol style="list-style-type: none"> <li>Wipe appliance exteriors &amp; handles</li> <li>Clean microwave interior</li> <li>Sanitize tables &amp; counters</li> <li>Scrub sink</li> <li>Empty trash</li> </ol> PPE: Gloves	Food-safe sanitizer: _____ Degreaser: _____ All-purpose cleaner: _____	<input type="radio"/> After meals <input type="radio"/> Deep clean EOD <input type="radio"/> Other: _____	<b>PASS:</b> No food residue, appliances clean, sink spotless, trash emptied  <b>FAIL:</b> Crumbs on tables, greasy microwave, full trash	
Floors (Hard Surface)	<ol style="list-style-type: none"> <li>Sweep or vacuum debris</li> <li>Spot clean spills immediately</li> <li>Mop with proper solution</li> <li>Clean edges &amp; corners</li> </ol> PPE: Non-slip shoes	Vacuum/broom: _____ Floor cleaner: _____ Microfiber mop: _____	<input type="radio"/> Sweep: Daily <input type="radio"/> Mop: Daily <input type="radio"/> Other: _____	<b>PASS:</b> No debris, edges clean, uniform shine, no residue or slip hazard  <b>FAIL:</b> Debris in corners, streaks, sticky floors	
Floors (Carpet)	<ol style="list-style-type: none"> <li>Vacuum with overlapping passes</li> <li>Use crevice tool on edges</li> <li>Spot treat stains immediately</li> <li>Empty vacuum bag/canister</li> </ol> PPE: None unless chemicals used	Vacuum: _____ Spot cleaner: _____ Carpet stain remover: _____	<input type="radio"/> Daily vacuum <input type="radio"/> Spot clean as needed <input type="radio"/> Deep clean quarterly	<b>PASS:</b> No visible debris, uniform appearance, stains treated, vacuum emptied  <b>FAIL:</b> Debris visible, missed corners, full vacuum bag	
Trash & Recycling	<ol style="list-style-type: none"> <li>Remove liners without spillage</li> <li>Wipe bin interior &amp; exterior</li> <li>Replace liners</li> <li>Verify recycling sorting</li> <li>Restock extra liners</li> </ol> PPE: Gloves	Disinfectant spray: _____ Trash bags: _____ Recycling labels: _____	<input type="radio"/> Empty at 3/4 full <input type="radio"/> Sanitize bins weekly <input type="radio"/> Other: _____	<b>PASS:</b> No overflowing, liners fit properly, sorting correct, extras stocked  <b>FAIL:</b> Overflowing bins, torn liners, mixed waste	

# CLEANING TRAINING CHECKLIST **OFFICE & CORPORATE SPACES** (CONT.)

## Supervisor Review

Areas Requiring Rework:

Coaching Notes:

Supervisor Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_