

# House Keeping Checklist

ROOM NO:	
STAFF MEMBER:	
DATE:	

## Cleaning

ACTIVITY	COMPLETED
FLOOR BETWEEN BEDS & NIGHTSTAND	
TABLE TOP & BOTTOM	
WINDOWS	
LAMP(S)	
CLOTHES & LUGGAGE RACKS	
HEADBOARD(S)	
VACUUM CARPET	
EMPTY BINS	
STRIP BEDS & MAKE BEDS	
COFFEE MAKER , REPLENISH COFFEE PACKS & SWEETENERS	
SCRUB BATH, SINK , TOILET	
REPLACE TOWELS	
REFILL SOAP DISPENSERS	

COMMENTS

SIGNATURE