



Date _____ Room# _____ WO# _____

Refresh Resident's memory as to work that was done in their room (i.e. Replaced sink stem).

- | | | |
|--|-----|----|
| 1. Was Staff courteous and respectful? | Yes | No |
| 2. Was there timely response to your work request? | Yes | No |
| 3. Did Staff clean up after themselves? | Yes | No |
| 4. Was all work Completed to your satisfaction? | Yes | No |

Is there anything Maintenance Associates could do to improve?

What areas of the building do you feel are not being kept up or repaired?

What suggestions do you have for improvement of the building?

Housekeeping

- | | | |
|---|-----|----|
| 1. Is housekeeper courteous and respectful? | Yes | No |
| 2. Are you satisfied with the cleaning service provided? | Yes | No |
| 3. Do you feel the building as a whole is well cleaned? | Yes | No |
| 4. Any suggestions to better the cleanliness of the building? | | |