



Daily Room Cleaning Protocol

Arrival & Initial Assessment

Tasks to be completed upon entering the room to ensure readiness and identify any immediate issues.

Arrival Time

Room Status (Prior to Cleaning)

- ☐ Vacant - Normal Condition
- ☐ Vacant - Damaged
- ☐ Occupied
- ☐ Out of Order

Notes on Room Condition (e.g., stains, damage, unusual odors)

Write something...

Temperature (Celsius/Fahrenheit - specify in notes if needed)

Enter a number...

HVAC Functioning?

☐ Yes

☐ No

Smoke Detector Status

☐ Visible and Operational

☐ Obstructed

☐ Missing

Linen & Waste Removal

Focuses on removing soiled linens and discarding trash, setting the stage for cleaning.

Linen Status (Select all that apply)

☐ Sheets - Soiled

☐ Towels - Soiled

☐ Bath Mat - Soiled

☐ Robes - Soiled

☐ Blankets - Soiled

☐ Pillows - Soiled (Replace if needed)

Number of Soiled Towels Removed

Enter a number...

Number of Soiled Sheets Removed

Enter a number...

Waste Type (Select all that apply)

- ☐ General Trash
- ☐ Recyclables
- ☐ Food Waste
- ☐ Hazardous Waste (e.g., needles - report immediately)

Notes on Waste (e.g., excessive waste, unusual items)

Write something...

Linens Placed in:

- ☐ Soiled Linen Hamper
- ☐ Designated Linen Collection Area

Waste Disposed In:

- ☐ Appropriate Trash Receptacle
- ☐ Recycling Bin
- ☐ Designated Waste Disposal Area

Bathroom Cleaning

Detailed cleaning of all bathroom surfaces and fixtures.

Overall Bathroom Assessment (Notes)

Write something...

Toilet Cleanliness

- ☐ Spotless
- ☐ Acceptable
- ☐ Requires Attention

Shower/Tub Cleanliness

- ☐ Spotless
- ☐ Acceptable
- ☐ Requires Attention

Sink & Countertop Cleaning Notes

Write something...

Mirror Spot Assessment (1-5, 1=perfect, 5=severely soiled)

Enter a number...

Areas requiring mildew/mold treatment?

- ☐ Grout
- ☐ Shower Head
- ☐ Caulking
- ☐ None

Floor Cleanliness

- ☐ Spotless
- ☐ Acceptable
- ☐ Requires Attention

Any Damage/Maintenance Required (e.g., leaky faucet, cracked tile)

Write something...

Surface Dusting & Cleaning

Covers all surface areas throughout the room, including furniture and electronics.

Dust all surfaces:

- ☐ Furniture (tables, chairs, desks)
- ☐ Window sills and ledges
- ☐ Headboard and bed frame
- ☐ Television and electronics
- ☐ Mirrors
- ☐ Decorative items

Dusting method used:

- ☐ Microfiber Cloth
- ☐ Duster
- ☐ Vacuum Attachment

Note any marks/stains on surfaces requiring special attention:

Write something...

Clean and polish all glass surfaces (mirrors, tables):

☐ Yes

☐ No

Describe any damage/issues found on surfaces (scratches, chips, etc.):

Write something...

Amount of Glass Cleaner Used (oz):

Enter a number...

Wipe down light fixtures:

☐ Yes

☐ No

Floor Care

Tasks related to cleaning and maintaining the floor surface.

Floor Type:

☐ Carpet

☐ Hardwood

☐ Tile

☐ Vinyl

Vacuum/Mop Type:

- ☐ Standard Vacuum
- ☐ HEPA Vacuum
- ☐ Wet/Dry Vacuum
- ☐ Traditional Mop
- ☐ Spray Mop

Vacuum Passes (Carpet):**Notes on Floor Condition:****Spot Cleaning Required?**

- ☐ Yes
- ☐ No

Spot Cleaning Details (If Yes):**Floor Dried Properly?**

- ☐ Yes
- ☐ No

Final Touches & Amenities

Ensuring the room is presentable, stocked with amenities, and ready for the next guest.

Amenity Replenishment (Check all that apply)

- ☐ Shampoo
- ☐ Conditioner
- ☐ Body Wash
- ☐ Soap
- ☐ Coffee/Tea Supplies
- ☐ Creamer
- ☐ Sugar
- ☐ Toilet Paper (Check Roll Size)
- ☐ Towels (Bath, Hand, Washcloth)

Number of Extra Towels Placed

Enter a number...

Bed Presentation

- ☐ Hospital Corners
- ☐ Standard
- ☐ Other (Specify in Long Text)

Bed Presentation Details (If 'Other' Selected)

Write something...

Remote Control Sanitization

- ☐ Sanitized
- ☐ Not Sanitized

Do Not Disturb Sign

- ☐ Removed
- ☐ Present (Note Reason)

Reason for 'Do Not Disturb' Sign (If Present)

Write something...

Air Freshener Applied

- ☐ Yes
- ☐ No

Spray of Air Freshener (1-5)

Enter a number...

Quality Check & Documentation

Final inspection and recording of completed tasks and any noted issues.

Room Condition Upon Completion:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Needs Re-Cleaning

Notes/Issues Found (e.g., maintenance requests, damage):

Write something...

Temperature (Celsius/Fahrenheit - *Specify in protocol*):

Enter a number...

HVAC Functioning Correctly?

- ☐ Yes
- ☐ No

Date of Inspection:

Enter date...

Time of Inspection:**Inspector Signature:**