

## **Display Case/Fixture Cleaning Checklist**

## **Pre-Cleaning Inspection**

Initial assessment of the display case/fixture to identify areas needing attention and note any damage.

nter date	
ne of Inspection	
play Case/Fixture ID (if applicable)	
nter a number	
scribe any existing damage (scratches, cracks, etc.)	
rite something	
erall Cleanliness Level (Before Cleaning)	
Excellent	
Good	
Fair Poor	

Specific Issues Observed (Check all that apply)
Dust/Dirt Accumulation
Fingerprints
Smudges
Water Spots
Product Residue
Cobwebs
Additional Notes on Condition
Write something
Dusting & Debris Removal Removing loose dust, dirt, and any visible debris from all surfaces.
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Removing loose dust, dirt, and any visible debris from all surfaces.  What tools were used for dusting?
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Removing loose dust, dirt, and any visible debris from all surfaces.  What tools were used for dusting?  Microfiber Cloth Feather Duster
Removing loose dust, dirt, and any visible debris from all surfaces.  What tools were used for dusting?  Microfiber Cloth Feather Duster Vacuum with Brush Attachment
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What tools were used for dusting?    Microfiber Cloth   Feather Duster   Vacuum with Brush Attachment   Compressed Air   Other (Specify in Long Text)  If 'Other' was selected, please specify the tool(s) used:
What tools were used for dusting?  Microfiber Cloth Feather Duster Vacuum with Brush Attachment Compressed Air Other (Specify in Long Text)
What tools were used for dusting?    Microfiber Cloth   Feather Duster   Vacuum with Brush Attachment   Compressed Air   Other (Specify in Long Text)  If 'Other' was selected, please specify the tool(s) used:

Estimated time spent dusting (in minutes):		
Enter a number		
What types of debris were removed?		
☐ Dust		
Cobwebs		
Loose Packaging		
☐ Dirt/Grime		
Other (Specify in Long Text)		
If 'Other' was selected, please specify the debris type:		
Write something		
Surface Cleaning Cleaning surfaces with appropriate cleaning solutions based on material type (glass, wood, metal, etc.).		
Surface Material:  Glass  Wood  Metal  Acrylic/Plastic  Other (Specify in LONG_TEXT)		

Cleaning Solution Used:  Glass Cleaner  Wood Cleaner  Metal Polish  All-Purpose Cleaner  Specialized Cleaner (Specify in LONG_TEXT)
Specific Cleaning Solution Used (if 'Specialized Cleaner' selected):  Write something
Amount of Cleaning Solution Used (oz/ml):  Enter a number
Notes on Surface Condition (e.g., scratches, stains):  Write something
Cleaning Method:  Spray & Wipe Damp Cloth Foam Other (Specify in LONG_TEXT)

	g Method (if 'Other' selected):	
Write somethin	g	
etail Cle	aning	
ocusing on hard	-to-reach areas and removing stubborn marks.	
Describe any grease spots)	stubborn marks or residue encountered (e.g., sticky residue	Э,
Write somethin	g	
Cleaning Solu	tion Used for Stubborn Marks:	
Warm Water	& Mild Soap	
Specialized [	)egreaser	
Glass Cleane	er en	
Isopropyl Alc	ohol	
Other (Specif	y in Long Text)	
Amount of Cle	eaning Solution Used (for tracking purposes)	
Enter a numbe		
2.1.37 & 11011130	···	
Describe metl soaking)	nod used to remove stubborn marks (e.g., gentle scrubbing,	,
Write somethin	g	
I		

Tool Used for Detail Cleaning:
Microfiber Cloth
Soft Brush
Cotton Swabs
Squeegee
Other (Specify in Long Text)
If 'Other' was selected for tool, please specify:
Write something
Product Placement & Organization Ensuring products are neatly arranged and positioned to maximize visual appeal.
Product Facing Direction?
All Forward
All Forward  Alternating
Alternating
Alternating Varied/As Needed
Average Product Spacing (inches)

Product Presentation Issues?  Tipping/Falling Overcrowding Misaligned Damaged Packaging None	
Notes on Product Placement Adjustments  Write something	
Price Signage?  Correct & Visible  Missing  Damaged	
New Products Introduced?  Write something	)
Final Inspection & Touch-Ups  A final look to ensure cleanliness and identify any areas needing further attention.	
Overall Appearance: Is the display case/fixture clean and presentable?  Yes No	

Glass Clarity: Is the glass/acrylic clear and free of streaks?  Yes No
Product Placement: Are products arranged neatly and facing forward?  Yes No
Number of Items Adjusted/Replaced
Enter a number
Notes/Comments (e.g., any issues requiring further attention)  Write something
Date of Inspection
Enter date
Time of Inspection
Inspector Signature