



# Fitting Room Cleaning & Inspection Checklist (Daily)

## General Cleaning

Routine cleaning of surfaces and floors.

**Any unusual spills or messes observed?**

Write something...

**Number of times floors swept/mopped:**

Enter a number...

**Details of floor cleaning (e.g., type of cleaner used):**

Write something...

**Number of times surfaces wiped down:**

Enter a number...

### Surfaces Wiped Down (Select all that apply):

- ☐ Benches
- ☐ Walls
- ☐ Mirrors
- ☐ Doors
- ☐ Window Sills

### Notes on cleaning products used (e.g. dilution, brand):

Write something...

## Mirror & Surface Inspection

Checking mirrors and surfaces for cleanliness and damage.

### Mirror Cleanliness

- ☐ Spotless
- ☐ Slightly Hazy
- ☐ Smudged/Dirty
- ☐ Needs Re-Cleaning

### Bench/Surface Cleanliness

- ☐ Clean
- ☐ Slightly Dusty
- ☐ Dirty/Stained
- ☐ Needs Cleaning

### Mirror Damage (Cracks, Chips)

- ☐ No Damage
- ☐ Minor Scratch
- ☐ Chip
- ☐ Crack

### Surface Damage (Scratches, Stains)

- ☐ No Damage
- ☐ Minor Scratch
- ☐ Stain
- ☐ Significant Damage

### Notes on Mirror/Surface Condition (if applicable)

Write something...

## Floor & Rugs

Ensuring floors and rugs are clean and free of debris.

### Floor Debris Level

- ☐ None
- ☐ Minor (dust, a few scraps)
- ☐ Moderate (noticeable debris)
- ☐ Significant (large amount of debris)

### Rugs/Mats Condition

- ☐ Clean & Flat
- ☐ Slightly Dirty
- ☐ Dirty/Wrinkled

### Number of Items Picked Up

Enter a number...

### Description of Debris/Stains

Write something...

### Floor Cleaning Required?

- ☐ Yes
- ☐ No

### Rugs/Mats Cleaned?

- ☐ Yes
- ☐ No

## Fixture & Hardware

Checking and cleaning benches, hooks, and other fixtures.

### Benches/Seating Cleaned?

- ☐ Yes
- ☐ No

### Hooks Cleaned & Secure?

☐ Yes

☐ No

### Number of Broken/Missing Hooks/Fixtures Found

Enter a number...

### Details of any repairs needed (e.g., loose hook, wobbly bench)

Write something...

### Mirror Surface Free of Smudges/Marks?

☐ Yes

☐ No

### Full Length Mirror Secure?

☐ Yes

☐ No

## Garment Area & Hangers

Maintaining a clean and organized garment display area.

### Hangers: Condition Check

☐ All hangers are in good condition

☐ Some hangers are damaged/bent

☐ Multiple hangers are damaged/bent

### Number of Missing Hangers

Enter a number...

### Garment Pile Size (Estimate)

Write something...

### Garment Stains/Damage?

- ☐ No visible stains or damage
- ☐ Minor stains - cleaned
- ☐ Significant stains/damage - flagged for removal

### Notes on Garment Condition (if any)

Write something...

## Waste Management

Ensuring proper disposal of trash and recycling.

### Number of Trash Bags Used

Enter a number...

### Number of Recycling Bags Used

Enter a number...

### Trash Bin Status

- ☐ Empty
- ☐ Partially Full
- ☐ Full - Requires Replacement

### Recycling Bin Status

- ☐ Empty
- ☐ Partially Full
- ☐ Full - Requires Replacement

### Notes on Waste Disposal (e.g., spills, excessive waste)

Write something...

### Contamination Check (Trash)

- ☐ No Contamination
- ☐ Minor Contamination
- ☐ Significant Contamination - Requires Sorting

### Contamination Check (Recycling)

- ☐ No Contamination
- ☐ Minor Contamination
- ☐ Significant Contamination - Requires Sorting

## Lighting & Ventilation

Checking lighting and ventilation for functionality and cleanliness.

### Are lights functioning properly?

- ☐ Yes
- ☐ No
- ☐ N/A

### Ventilation - Odor Check

- ☐ No noticeable odors
- ☐ Mild odor - investigate
- ☐ Strong odor - requires immediate attention

### Note Light Bulb Wattage (if replaced)

Enter a number...

### Ventilation - Airflow Adequate?

- ☐ Yes
- ☐ No
- ☐ N/A

### Notes/Comments (Lighting & Ventilation)

Write something...

## Overall Appearance & Safety

A final check for overall cleanliness, order, and any potential safety hazards.



**Are there any visible signs of damage (scratches, cracks) to mirrors or walls?**

- ☐ Yes - Minor
- ☐ Yes - Significant
- ☐ No

**Temperature (Approximate) °C**

Enter a number...

**Any unusual odors detected? If yes, please describe:**

Write something...

**Floor Condition**

- ☐ Clean & Dry
- ☐ Slightly Damp
- ☐ Wet/Hazardous

**Lighting Functionality**

- ☐ All lights working
- ☐ Some lights not working
- ☐ All lights out

**Potential Safety Hazards Observed?**

- ☐ Tripping Hazard
- ☐ Sharp Object
- ☐ Poor Ventilation
- ☐ None Observed

**Initials of Inspector:**

Write something...

**Date of Inspection:**

Enter date...