



Home Goods Store: Fragrance & Scent Management Checklist (Weekly) - Preventing odor buildup

General Air Quality Assessment

Initial walk-through to identify potential odor sources and overall air quality. Record observations.

Overall Air Quality Description

Write something...

Subjective Odor Intensity (1-10, 1=No Odor, 10=Severe)

Enter a number...

Identify Potential Odor Sources (Check all that apply)

- ☐ Textiles (Fabrics, Linens)
- ☐ Candles & Wax Melts
- ☐ Cleaning Supplies
- ☐ Fresh Produce (if applicable)
- ☐ Customer Foot Traffic
- ☐ Unknown Source

Dominant Odor Type (if any)

- ☐ Floral
- ☐ Woody
- ☐ Chemical
- ☐ Musty
- ☐ Sweet
- ☐ Unidentifiable

Specific Location of Strongest Odor (e.g., Aisle 3, Near Entrance)

 [Set My Current Location](#)



Date of Assessment

Enter date...

Time of Assessment

Fragrance Diffuser/Dispenser Maintenance

Focus on cleaning, refilling, and ensuring proper function of fragrance dispensing equipment.

Diffuser Refill Time

Diffuser Fluid Level (Percentage)

Enter a number...

Diffuser Functioning Correctly?

- ☐ Yes
- ☐ No
- ☐ Unsure

Notes on Diffuser Performance/Issues

Write something...

Filter Replacement Needed?

- ☐ Yes
- ☐ No
- ☐ N/A

Last Filter Replacement Date

Enter date...

Cleaning Procedure Followed (Briefly describe)

Write something...

Product Area Inspection (Textiles, Candles, Cleaning Supplies)

Specific focus on categories known to contribute to odor issues. Includes examining product condition and storage.

Candle Odor Assessment: Are there any noticeable odors beyond the intended fragrance?

- ☐ None
- ☐ Mild, waxy odor
- ☐ Strong, unpleasant odor
- ☐ Musty/moldy odor
- ☐ Chemical odor

Number of Candle Boxes/Units with noticeable odor (if any)

Enter a number...

Textile Area: Are there any noticeable odors?

- ☐ None
- ☐ Mild, musty odor
- ☐ Strong, unpleasant odor
- ☐ Chemical odor (potentially from treatments)
- ☐ Evidence of spills/residue


Details on Textile Odor: If odors are present, describe the nature and location (e.g., specific fabric types, displays).

Write something...

Cleaning Supply Area: Check for leaks or spills in containers. Condition?

- ☐ No issues observed
- ☐ Minor leak - container tightened/replaced
- ☐ Significant leak - product contained, container replaced, spill cleaned
- ☐ Damaged container - replace immediately

Photo Documentation (if issues detected)

 Upload File

Notes on Product Rotation & Display: Are older stock being moved to front? Any issues with display materials?

Write something...

Waste Management & Disposal

Ensuring proper handling and disposal of waste materials that could contribute to odors.

Number of Full Trash Bins

Enter a number...

Trash Bags Used (Estimate)

- ☐ 0-2 Bags
- ☐ 3-5 Bags
- ☐ 6-8 Bags
- ☐ 9+ Bags

Condition of Dumpster Area

- ☐ Clean and Odor-Free
- ☐ Slight Odor
- ☐ Noticeable Odor
- ☐ Strong Odor - Requires Attention

Notes on Waste Disposal

Write something...

Recycling Bin Status

- ☐ Empty
- ☐ Partially Full
- ☐ Full

Number of Hazardous Waste Items Disposed (e.g., aerosol cans)

Enter a number...

Floor & Surface Cleaning

Addressing potential odor contributors from spills, residues, and general grime on floors and surfaces.

Amount of Floor Cleaner Used (gallons)

Enter a number...

Describe any areas requiring spot cleaning due to spills or residue.

Write something...

Type of Floor Cleaner Used:

- ☐ Neutral Cleaner
- ☐ Enzyme-Based Cleaner
- ☐ Specialty Odor Eliminating Cleaner
- ☐ Other (Specify in Long Text)

Did any residue remain after cleaning?

- ☐ Yes
- ☐ No

If residue remained, describe the area and action taken.

Write something...

pH of Cleaning Solution (if tested)

Enter a number...

Surface Cleaning Method Used:

- ☐ Mopping
- ☐ Sweeping
- ☐ Vacuuming
- ☐ Autoscrubber

HVAC System Check

Briefly assess HVAC functionality and filter condition; note any unusual smells.

Filter Check: Visual Assessment (1-5, 1=Clean, 5=Dirty)

Filter Replacement Needed?

- ☐ Yes
- ☐ No

Last HVAC Filter Change Date/Time

Notes on HVAC Odor or Performance (e.g., unusual smells, reduced airflow)

Any unusual noises from HVAC?

- ☐ Yes
- ☐ No

If yes to unusual noise, please describe:

Write something...

Backstock & Storage Area Check

Inspect storage areas for potential odor issues arising from product storage or leaks.

Storage Area Location (e.g., Back Room A, Shelf 3)

 [Set My Current Location](#)



Temperature (in °F)

Enter a number...

Presence of Moisture/Humidity?

☐ Yes

☐ No

☐ Unsure

Detailed Notes on Odor/Condition (if any)

Write something...

Potential Odor Sources Identified?

- ☐ Leaking Product
- ☐ Damaged Packaging
- ☐ Mold/Mildew
- ☐ Unidentified Source
- ☐ None

Photos of Area (if applicable)

 Upload File

Actions Taken (e.g., Leaking product contained, area ventilated)

Write something...