

# Lobby & Public Area Appearance Checklist

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## General Cleanliness

Overall assessment of dirt, dust, and debris across all surfaces.

**Overall Cleanliness Score (1-5, 1=Poor, 5=Excellent)**

Enter a number...

**Visible Dust/Debris?**

- Yes, Significant
- Yes, Minor
- No



**Stains/Marks on Walls?**

- Yes, Significant
- Yes, Minor
- No

**Detailed Description of any issues observed:**

Write something...

**Number of empty trash receptacles found:**

Enter a number...

**Presence of unpleasant odors?**

- Yes
- No

**Description of odors, if present:**

Write something...

# Flooring

Inspection of floor surfaces, including tile, carpet, wood, and stone. Covers cleaning, repairs, and appearance.

## Overall Flooring Condition Rating (1-5, 1=Poor, 5=Excellent)

## Flooring Type (Check all that apply)

- Tile
- Carpet
- Wood
- Stone
- Other (Specify in LONG\_TEXT)

## Specific Issues Observed (e.g., stains, cracks, loose tiles)

## Number of loose tiles/carpet squares

### Description of any stains present (Type, Location)

Write something...

### Carpet Spot Treatment Needed?

Yes

No

### Date of last Deep Cleaning

Enter date...

## Furniture & Fixtures

Assessment of the appearance and condition of all furniture, planters, benches, and other fixed fixtures.

### Condition of Sofas/Seating

Excellent

Good

Fair

Poor

Requires Repair/Replacement

### Number of Stains on Upholstery (estimate)

Enter a number...

### Table Surface Condition

- Clean & Scratch-Free
- Minor Scratches
- Significant Scratches/Damage
- Requires Refinishing

### Detailed Notes on Furniture Condition (e.g., loose legs, torn fabric)

Write something...

### Planter Condition (if applicable)

- Excellent
- Good
- Fair
- Poor
- Requires Cleaning/Repair

### Upload Photo of Damaged Furniture (if applicable)

 Upload File

# Lighting

Checks lighting functionality, brightness, and cleanliness of fixtures.

## Overall Brightness Level (Scale of 1-10, 10 being brightest)

Enter a number...

## Light Fixtures Malfunctioning?

- None
- Fluorescent Flicker
- LED Dim/Failure
- Halogen Burnout
- Other (Specify in LONG\_TEXT)

## If 'Other' was selected above, please describe the malfunction:

Write something...

## Number of Burned Out Bulbs/Fixtures

Enter a number...

### Fixture Cleaning Required?

Yes

No

### Upload Photo of Light Fixture Issue (Optional)

 Upload File

### Time of last lighting inspection

Enter time...

## Windows & Glass Surfaces

Inspection of window cleanliness, clarity, and any damage.

### Window Spotting/Streaking Count (per surface)

Enter a number...

### Window Film Condition (if applicable)

- Excellent
- Good
- Fair
- Poor - Requires Repair/Replacement

### Describe any window damage (cracks, chips, scratches)

Write something...

### Exterior Window Cleanliness (Overall)

- Excellent
- Good
- Fair
- Poor - Requires Cleaning

### Interior Window Cleanliness (Overall)

- Excellent
- Good
- Fair
- Poor - Requires Cleaning

### Last Window Cleaning Date

### Photograph of Window Condition (if needed)

 Upload File

## Reception Area

Specific focus on the reception desk, signage, and immediate surrounding area.

### Reception Desk Cleanliness Score (1-5)

### **Desk Surface Condition**

- Excellent
- Good
- Fair
- Poor
- Needs Repair

### **Items Present/Required on Reception Desk**

- Pens
- Notepads
- Guest Sign-in Sheet
- Visitor Badges
- Phone
- Information Brochure
- Other (Specify in Long Text)

### **Notes on Reception Desk Appearance/Issues**

Write something...

### Signage Clarity & Placement

- Excellent - Clear and Well-Placed
- Good
- Fair - Needs Adjustment
- Poor - Difficult to Read/Find

### Photo of Reception Area

 Upload File

## Artwork & Decor

Evaluation of artwork, plants, and decorative elements for cleanliness, placement, and condition.

### Overall Condition of Artwork

- Excellent
- Good
- Fair
- Poor
- N/A - No Artwork Present

### Dust Level (1-5, 1=No Dust, 5=Heavy Dust)

Enter a number...

**Describe any damage or deterioration observed on artwork/decor.**

Write something...

**Plant Health (If Applicable)**

- Healthy
- Needs Watering
- Needs Fertilizing
- Signs of Disease/Pests
- N/A - No Plants Present

**Upload Photo of Artwork/Decor (for documentation)**

 Upload File

**Arrangement of Decor - Alignment with Design Intent?**

- Yes
- No
- Unsure

## Odors & Air Quality

Assessment of odors and overall air quality within the public areas.

**Temperature (Degrees Celsius/Fahrenheit)**

Enter a number...

### Describe the dominant odor (if any)

- None
- Chemical
- Musty/Moldy
- Food
- Floral/Perfume
- Other (Specify in LONG\_TEXT)

### Specify 'Other' odor (if selected)

Write something...

### Air Quality - General Impression

- Excellent
- Good
- Fair
- Poor

### Notes on Air Quality (e.g., ventilation concerns, visible dust)

Write something...

### CO2 Level (ppm) - \*If Applicable\*

Enter a number...

# Safety & Accessibility

Verification of clear pathways, accessible entrances, and proper signage.

## Ramp Condition (if applicable)

- Excellent - No issues
- Good - Minor wear, no safety concerns
- Fair - Moderate wear, requires attention
- Poor - Significant damage or safety hazard

## Doorway Width (minimum 32 inches)

- Meets Requirement
- Does Not Meet Requirement

## Handrail Height (inches)

## Potential Trip Hazards Observed?

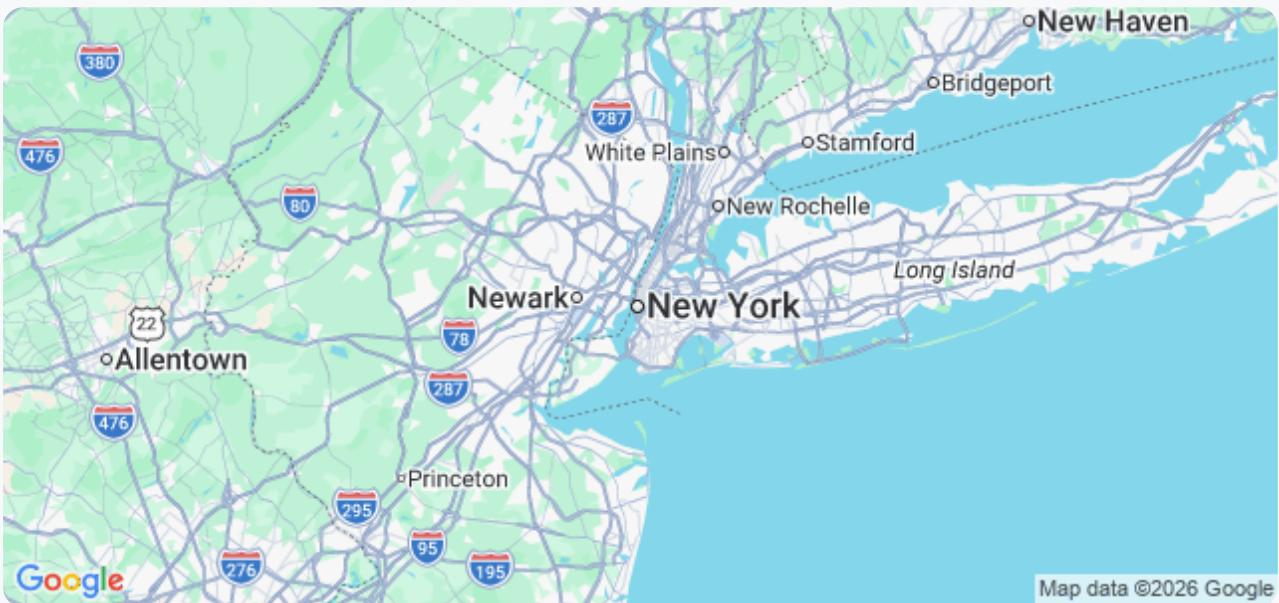
- Uneven flooring
- Loose mats/rugs
- Cords/Wires
- Poor lighting
- None

## Details of any accessibility concerns

Write something...

## Location of Accessibility Issue (if applicable)

 [Set My Current Location](#)



## Date of Last Accessibility Audit

Enter date...