



Lobby & Public Area Appearance Checklist

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)

Enter a number...

Flooring Type (Check all that apply)

Tile

Carpet

Wood

Stone

Other (Specify in LONG_TEXT)

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

Write something...

Number of loose tiles/carpet squares

Enter a number...

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

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)

Enter a number...

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...