



Storefront Appearance & Cleanliness Checklist

Exterior - General Condition

Overall assessment of the storefront's outward appearance. Focus on the immediate impression.

Overall Condition Score (1-10, 10 being excellent)

Enter a number...

Describe any noticeable damage (cracks, peeling paint, etc.)

Write something...

Is the storefront facing outwards generally tidy?

☐

Yes

☐

No

☐

Partially

Are there any obstructions to the storefront view (e.g., boxes, displays)?

☐

Yes

☐

No

Any specific comments regarding the general appearance?

Write something...

Date of last major cleaning/maintenance (exterior)

Enter date...

Windows & Doors

Detailed inspection of all windows and doors, including frames, hardware, and glass condition.

Number of Windows Requiring Cleaning

Enter a number...

Window Glass Condition (Overall)

- ☐ Excellent - Clear and sparkling
- ☐ Good - Minor dirt or streaks
- ☐ Fair - Noticeable dirt, streaks, or minor damage
- ☐ Poor - Significant dirt, damage, or film

Window Frame Issues (Check all that apply)

- ☐ Cracks
- ☐ Peeling Paint
- ☐ Rust
- ☐ Loose Hardware
- ☐ None

Description of Window Damage (if any)

Write something...

Door Condition (Overall)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Number of Door Hinges Requiring Lubrication

Enter a number...

Door Hardware Issues (Check all that apply)

- ☐ Loose Handle
- ☐ Scratches
- ☐ Malfunctioning Lock
- ☐ Rust
- ☐ None

Last Window Cleaning Date

Enter date...

Notes on Door/Window Maintenance

Write something...

Signage & Lighting

Focuses on the visibility, condition, and functionality of all exterior signage and lighting.

Brightness of Main Sign (Lumens)

Sign Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Needs Repair

Lighting Fixture Condition (Overall)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Needs Repair

Lighting Issues?

- ☐ Flickering
- ☐ Dim
- ☐ Broken Bulb
- ☐ Not Functioning
- ☐ None

Notes on Signage/Lighting (e.g., specific damage, repairs needed)

Write something...

Last Sign Maintenance Date

Enter date...

Number of Broken/Damaged Light Bulbs

Enter a number...

Sign Visibility (Daylight)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Sign Compliance (Local Regulations)

- ☐ Compliant
- ☐ Non-Compliant
- ☐ Unknown

Walkway & Entrance

Evaluates the cleanliness and safety of the walkway leading to the entrance and the entrance area itself.

Walkway Obstructions Count

Enter a number...

Walkway Surface Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Entrance Mat Condition

- ☐ Clean & Intact
- ☐ Slightly Dirty
- ☐ Dirty
- ☐ Damaged

Entrance Door Condition Notes

Write something...

Accessibility Ramp Condition (if applicable)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor - Requires Repair

Steps - Number of Cracked/Damaged Steps (if applicable)

Enter a number...

Additional Notes - Walkway & Entrance

Write something...

Landscaping & Grounds

Covers the condition of any landscaping features, planters, and surrounding grounds.

Grass Height (inches)

Enter a number...

Weed Presence?

- ☐ None
- ☐ Slight
- ☐ Moderate
- ☐ Severe

Plant Health

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Notes on Plant Condition/Issues

Write something...

Mulch Level

- ☐ Adequate
- ☐ Low
- ☐ Excessive

Photo of Landscaping

 Upload File

Number of Dead/Diseased Plants

Enter a number...

Trash & Waste Management

Ensures proper waste disposal and minimizes visible trash around the storefront.

Number of trash receptacles present?

Enter a number...

Are trash receptacles properly covered?

- ☐ Yes
- ☐ No
- ☐ N/A

Are trash receptacles clean and free of debris?

- ☐ Yes
- ☐ No
- ☐ Needs Cleaning

Date of last trash container cleaning?

Enter date...

Details regarding any overflowing or improperly managed trash?

Write something...

Is the area around the trash receptacles clear of debris?

- ☐ Yes
- ☐ No

Number of recycling bins present?

Enter a number...

Pest Control Indicators

Observational check for signs of pest activity.

Evidence of Rodent Activity?

- ☐ Droppings
- ☐ Gnaw Marks
- ☐ Nesting
- ☐ Tracks
- ☐ None Observed

Evidence of Insect Activity?

- ☐ Visible Insects
- ☐ Droppings/Frass
- ☐ Damage to Materials
- ☐ Webs/Nests
- ☐ None Observed

Condition of Weather Stripping (doors & windows)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ N/A

Describe any pest-related concerns observed:

Write something...

Approximate number of droppings observed (if any):

Enter a number...

Date of last pest control service:

Enter date...