ChecklistGuro

Weekly Public Area Sanitation Checklist

Show only Checklist

Display Style
Default

Lobby & Reception Area

Focus on high-traffic areas, ensuring a welcoming and hygienic first impression.

General Observation Notes (Lobby)

Write something...

Floor Spot Cleaning (Number of Spots Addressed)

Enter a number...

Furniture Cleanliness (Chairs, Sofas, Tables)

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor - Requires Attention

Lobby Surfaces Cleaned (Check All That Apply)

- [ ] Floor
- [ ] Walls
- [ ] Windows
- [ ] Reception Desk
- [ ] Artwork/Displays

Reception Desk Area - Overall Cleanliness

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor - Requires Attention

Number of Brochure/Magazine Replacements

Enter a number...

Time of Last Dusting/Polishing

Enter time...

Corridors & Hallways

Check for cleanliness and safety, paying attention to carpets, walls, and lighting.

Carpet Spot Cleaning (Number of Spots Treated)

Enter a number...

Details of any Stain Removal/Deep Cleaning Performed

Write something...

Floor Type

- [ ] Carpet
- [ ] Tile
- [ ] Hardwood
- [ ] Other

Wall Cleaning - Condition

- [ ] Clean
- [ ] Minor Marks
- [ ] Significant Marks/Stains

Number of Burned-Out Light Bulbs Replaced

Enter a number...

Hallway Obstructions Cleared (Select all that apply)

- [ ] Boxes
- [ ] Carts
- [ ] Equipment
- [ ] Debris
- [ ] None

Handrail Condition

- [ ] Clean
- [ ] Minor Dust
- [ ] Requires Cleaning

Elevators & Escalators

Maintain cleanliness and functionality of vertical transportation systems.

Number of Elevators/Escalators Inspected

Enter a number...

Presence of Odors (Select all that apply)

- [ ] None
- [ ] Mild
- [ ] Moderate
- [ ] Strong
- [ ] Unidentified

Visible Debris (Select all that apply)

- [ ] None
- [ ] Dust/Lint
- [ ] Food Particles
- [ ] Trash/Paper
- [ ] Other (Specify in LONG_TEXT)

Specify 'Other' Debris (if applicable)

Write something...

Stain Count (Floor/Walls)

Enter a number...

Escalator Tread Condition

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor - Requires Maintenance

Emergency Call Buttons Functional?

- [ ] Yes
- [ ] No

Notes/Comments (e.g., maintenance requests)

Write something...

Restrooms (Public)

Critical for hygiene and guest satisfaction - rigorous cleaning and restocking are essential.

Toilet Paper Rolls Remaining (per stall)

Enter a number...

Hand Soap Dispenser Fill Level (%)

Enter a number...

Paper Towel/Hand Dryer Functionality (1-5, 5=Excellent)

Enter a number...

Mirror Cleanliness (Spot Free?)

- [ ] Yes
- [ ] No

Floor Dryness (No Standing Water?)

- [ ] Yes
- [ ] No

Notes on any Issues/Repairs Needed (e.g., leaking faucet, clogged toilet)

Write something...

Trash Can Liner Present & Full?

- [ ] Yes
- [ ] No

Air Freshener Dispenser Functioning?

- [ ] Yes
- [ ] No

Date of Last Deep Clean (if applicable)

Enter date...

Dining Areas & Breakfast Room

Focus on table cleanliness, floor sanitation, and overall food safety standards.

Table Wipe-Down Count

Enter a number...

Chair Cleaning Count

Enter a number...

Floor Condition

- [ ] Clean
- [ ] Minor Debris
- [ ] Significant Debris
- [ ] Sticky Residue
- [ ] Wet

Buffet Area Cleanliness (if applicable)

- [ ] Excellent
- [ ] Good
- [ ] Fair
- [ ] Poor

Notes on Spills/Stains & Actions Taken

Write something...

Highchair Sanitization

- [ ] All Highchairs Sanitized
- [ ] Some Highchairs Sanitized
- [ ] Highchairs Not Sanitized

Salt/Pepper/Sugar Refills

Enter a number...

Outdoor Areas (Patio, Terrace, Pool Deck)

Address debris, furniture cleaning, and general upkeep of external spaces.

Debris Removal - Volume (gallons/bags)

Enter a number...

Debris Types Removed (select all that apply)

- [ ] Leaves
- [ ] Twigs/Branches
- [ ] Trash/Litter
- [ ] Pet Waste
- [ ] Other (Specify in Long Text)

If 'Other' Debris Type Selected, please specify:

Write something...

Furniture Cleaning - Number of Chairs/Tables cleaned

Enter a number...

Describe any significant furniture cleaning performed (e.g., mold, stains)

Write something...

Pool Water Chemistry (if applicable) - Within acceptable range?

- [ ] Yes
- [ ] No

If Pool Chemistry 'No' selected, describe corrective actions taken:

Write something...

Pest Control Measures Observed?

- [ ] Yes
- [ ] No

If Pest Control 'Yes' selected, describe measures and observations:

Write something...

Stairwells

Focus on cleanliness, safety (handrails), and proper lighting.

Step Number Checked

Enter a number...

Overall Cleanliness Condition (Excellent/Good/Fair/Poor)

Write something...

Areas Requiring Attention

- [ ] Steps (Dirt/Debris)
- [ ] Handrails (Grime/Fingerprints)
- [ ] Walls (Marks/Scratches)
- [ ] Lighting (Functionality)
- [ ] Flooring (Damage/Stains)
- [ ] Emergency Lighting (Functionality)

Specific Cleaning Actions Taken (e.g., vacuumed steps, wiped handrails)

Write something...

Handrail Temperature (if indicated by policy)

Enter a number...

Date of Last Deep Cleaning (if applicable)

Enter date...

Fitness Center/Gym (if applicable)

Sanitize equipment, floors, and ensure proper ventilation.

Equipment Disinfection Count (Spray Bottles)

Enter a number...

Equipment Sanitized (Check all that apply)

- [ ] Treadmills
- [ ] Ellipticals
- [ ] Stationary Bikes
- [ ] Weight Machines
- [ ] Free Weights
- [ ] Yoga Mats
- [ ] Other (Specify in LONG_TEXT)

If 'Other' selected above, please specify equipment sanitized:

Write something...

Floor Cleaning Solution Usage (Gallons)

Enter a number...

Floor Cleaning Method

- [ ] Mopping
- [ ] Autoscrubber

Towel Dispenser Refill Count

Enter a number...

Ventilation System Check - Functioning Properly?

- [ ] Yes
- [ ] No

If ventilation system is not functioning properly, please provide details:

Write something...

Photo of Equipment Condition (Optional)

Upload File

Business Center (if applicable)

Maintain cleanliness of computers, printers, and work areas.

Computer Screen Disinfection (Count)

Enter a number...

Notes on Printer Cleaning/Maintenance (if applicable)

Write something...

Keyboard Sanitization (Count)

Enter a number...

Paper Supply Levels (Printers)

- [ ] Adequate
- [ ] Low - Requires Reorder
- [ ] Empty - Requires Immediate Reorder

Ink/Toner Levels (Printers)

- [ ] Adequate
- [ ] Low - Requires Reorder
- [ ] Empty - Requires Immediate Reorder

Any Equipment Malfunctions Noted?

Write something...

Mouse Disinfection (Count)

Enter a number...