

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

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

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

Ventilation System Check - Functioning Properly?

 Yes No

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

Photo of Equipment Condition (Optional)

 Upload File

Business Center (if applicable)

Maintain cleanliness of computers, printers, and work areas.

Computer Screen Disinfection (Count)

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...