

# Weekly Public Area Sanitation Checklist

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## 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

### 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...