

# **Weekly Public Area Sanitation Checklist**

#### **Lobby & Reception Area**

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

Conoral Observation Notes (Lobby)
General Observation Notes (Lobby)  Write something
Floor Spot Cleaning (Number of Spots Addressed)  Enter a number
Enter a number
Furniture Cleanliness (Chairs, Sofas, Tables)  Excellent
Good Fair
Poor - Requires Attention
Lobby Surfaces Cleaned (Check All That Apply)
☐ Floor ☐ Walls
<ul><li>☐ Windows</li><li>☐ Reception Desk</li></ul>
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/Deliching	
Time of Last Dusting/Polishing	
Corridors & Hallways neck for cleanliness and safety, paying attention to carpets, walls, and lighting.	
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Corridors & Hallways neck 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	
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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:
ii Other Debits Type Sciected, piease 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**

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, w	iped 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)

Enter a number	
Equipment Sanitized (Check all that apply)	
Treadmills	
Ellipticals	
Stationary Bikes	
Weight Machines	
Free Weights	
Yoga Mats	
Other (Specify in LONG_TEXT)	
Floor Cleaning Solution Usage (Gallons)	
Floor Cleaning Solution Usage (Gallons)  Enter a number	
Enter a number  Floor Cleaning Method	
Enter a number  Floor Cleaning Method  Mopping	
Enter a number  Floor Cleaning Method	
Enter a number  Floor Cleaning Method  Mopping	

Ventilation System Check - Functioning Properly?  Yes  No
If ventilation system is not functioning properly, please provide details:
Write something
Photo of Equipment Condition (Optional)  L 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