

BATHROOM CLEANING *Checklist*



DATE: _____

No	ACTIVITIES	<input checked="" type="checkbox"/>
1	BATHTUB, SHOWER WALLS, AND GLASS DOORS CLEANED AND SANITIZED	<input type="checkbox"/>
2	SINK CLEANED AND SANITIZED	<input type="checkbox"/>
3	TOILET CLEANED AND SANITIZED INSIDE AND OUT	<input type="checkbox"/>
4	BATHTUB, SHOWER WALLS, AND GLASS DOORS CLEANED AND SANITIZED	<input type="checkbox"/>
5	MIRRORS CLEANED	<input type="checkbox"/>
6	CABINET INTERIORS AND EXTERIORS CLEANED	<input type="checkbox"/>
7	COUNTERTOPS AND SHELVES DUSTED AND WIPED	<input type="checkbox"/>
8	ALL SURFACES DUSTED	<input type="checkbox"/>
9	INSIDE WINDOWSILLS AND WINDOW TRACKS CLEANED	<input type="checkbox"/>
10	DOORKNOBS, DOORFRAMES, AND DOORS WIPED	<input type="checkbox"/>
11	LIGHT SWITCHES WIPED	<input type="checkbox"/>
12	GARBAGE EMPTIED	<input type="checkbox"/>
13	BASEBOARDS DUSTED AND WIPED	<input type="checkbox"/>
14	MARKS ON WALLS AND BASEBOARDS CLEANED	<input type="checkbox"/>
15	FLOOR VACUUMED AND WASHED	<input type="checkbox"/>