



Basic Cleaning Checklist

Kitchen	Living Room	Dining Room
<input type="checkbox"/> Counters/Sink	<input type="checkbox"/> Surface dusting/polish furniture	<input type="checkbox"/> Surface dusting/polish furniture
<input type="checkbox"/> Wipe cabinet surfaces	<input type="checkbox"/> High-touch areas (door handles, light switches)	<input type="checkbox"/> High-touch areas (door handles, light switches)
<input type="checkbox"/> Appliance surfaces	<input type="checkbox"/> Ceiling fan	<input type="checkbox"/> Vacuum carpeted areas
<input type="checkbox"/> Inside microwave	<input type="checkbox"/> Vacuum carpeted areas	<input type="checkbox"/> Mop floors
<input type="checkbox"/> High-touch areas (door handles, light switches)	<input type="checkbox"/> Mop floors	<input type="checkbox"/> Take out trash
<input type="checkbox"/> Surface dusting	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sweep/Mop floor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Take out trash	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom(s)	Bathroom(s)	
<input type="checkbox"/> Surface dusting/polish furniture	<input type="checkbox"/> Toilet/sink/counters	<input type="checkbox"/>
<input type="checkbox"/> Vacuum carpeted areas	<input type="checkbox"/> Shower/Bathtub	<input type="checkbox"/>
<input type="checkbox"/> High-touch areas (door handles, light switches)	<input type="checkbox"/> Wipe mirrors	<input type="checkbox"/>
<input type="checkbox"/> Ceiling fan	<input type="checkbox"/> High-touch areas (door handles, light switches)	<input type="checkbox"/>
<input type="checkbox"/> Wipe mirrors	<input type="checkbox"/> Surface dusting	<input type="checkbox"/>
<input type="checkbox"/> Mop floors	<input type="checkbox"/> Sweep/Mop floor	<input type="checkbox"/>
<input type="checkbox"/> Take out trash	<input type="checkbox"/> Take out trash	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES about this week (or next week's) cleaning: _____

Initials _____ Date _____