



Quality Inspection Report (IQIR)

SECTION 1- VISIT DETAILS

Date of Service

Month Day Year

Inspector Name

Please Select

▼

Staff On Duty

Please Select

▼

Shift Time In *

▼

▼

PM

▼

Hour Minutes

Shift Time Out *

▼

Hour

▼

Minutes

AM ▼

SECTION 2 - CLEANING AREA QUALITY SCORES

A- OFFICES

	0	1-2	3-4	5
Trash Removed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desks checked (only if in scope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floors swept/vacuumed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visible clutter reported properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B-RESTROOMS

	0	1-2	3-4	5
Toilets cleaned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplies restocked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floors mopped	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mirrors and counters cleaned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C- COMMON AREAS

	0	1-2	3-4	5
Hallways free of debris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trash emptied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardboard reported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floors cleaned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D- BREAK ROOMS

	0	1-2	3-4	5
Trash removed (only per contract scope)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Countertop cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Spills reported

E- EXTERIOR DOORS/ ENTRY POINTS

	0	1-2	3-4	5
Closed/secured	<div></div>	<div></div>	<div></div>	<div></div>
Glass spot-checked	<div></div>	<div></div>	<div></div>	<div></div>

Score ‘0’ indicates area was not accessed or not in scope—not a performance failure.”

SECTION 3- INTERNAL ISSUES FOUND (SGHG RESPONSIBILITY)

This section documents only conditions directly caused by SGHG Cleaning LLC.

Checklist

	Not Satisfied	Somewhat Satisfied	Comments
Trash not emptied	<div></div>	<div></div>	<div></div>
Liners not replaced	<div></div>	<div></div>	<div></div>
Soap/towels not restocked	<div></div>	<div></div>	<div></div>
Toliet not flushed	<div></div>	<div></div>	<div></div>
Floors missed	<div></div>	<div></div>	<div></div>
Door left open	<div></div>	<div></div>	<div></div>
Entry not secured	<div></div>	<div></div>	<div></div>
Checklist not completed	<div></div>	<div></div>	<div></div>
Time reported incorrectly	<div></div>	<div></div>	<div></div>
Supplies not communicated (low stock)	<div></div>	<div></div>	<div></div>

Other Internal Issues

A- TOILET USAGE TRACKING

SECTION 3

Checkbox List

	Yes	No	Comments
Appears unused since last service	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Light use	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Heavy use	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Toilet not flushed(noted)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Usage unclear / unable to determine	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

SECTION 4 - SPILL & WASTE RISK

Total office trash cans observed

Number Inspected

Office trash cans containing food waste

Number Inspected

Office trash cans containing beverage containers:

Number Inspected

Checkbox List

	Yes	No	Comments
Sealed screw-cap bottle (low-risk)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Snap-on lid cup (moderate risk)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Open cup/can/visible liquid (high risk)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Liquid present in trash can

☐

☐

A- Enhance Break Room Tracking (D – BREAK ROOMS)

SECTION 4 -

Beverage containers with liquid observed”

Please Select

▼

Sink present and available?”

- ☐ Yes
- ☐ No

B- Spill Event Classification Field

SECTION 4 -

Spill Encountered During Service

- ☐ Yes – hard surface only (cleaned within scope)
- ☐ Yes – carpeted surface (out of scope)
- ☐ No

SGHG does not provide carpet extraction or carpet restoration services.

SECTION 4- CLIENT -CREATED ISSUES (Not SGHG Responsibility)

This section documents observed conditions for risk awareness only and does not assign responsibility or fault.

Checkbox List

	Yes	No	Internal Issue = 5 PtsSeverity Level 2= 10 PtsSeverity Level 3= 20 Pts
Cardboard left beside trash cans	<input type="radio"/>	<input type="radio"/>	
Trash left on breakdown tables	<input type="radio"/>	<input type="radio"/>	
Office clutter blocking cleaning	<input type="radio"/>	<input type="radio"/>	
Food waste left behind	<input type="radio"/>	<input type="radio"/>	

Spills not cleaned by staff	<input type="radio"/>	<input type="radio"/>	
Conference room restricted	<input type="radio"/>	<input type="radio"/>	
Room locked	<input type="radio"/>	<input type="radio"/>	
Private office content not to be moved	<input type="radio"/>	<input type="radio"/>	

Other client-created issues

Severity points are used for internal Six Sigma trend analysis and do not represent contractual penalties.

SECTION 5- TRASH RECEPTACLE CONDITION TRACKING

To incorporate Six Sigma data:

Checkbox List

	Yes	No
No defects observed	<input type="radio"/>	<input type="radio"/>
Cracked / leaking base	<input type="radio"/>	<input type="radio"/>
Lid damaged	<input type="radio"/>	<input type="radio"/>
Replacement recommended	<input type="radio"/>	<input type="radio"/>

SECTION 7- INCIDENT SEVERITY LEVEL

Severity level used for internal trend analysis and risk prioritization.

Rate Level of Severity Level

Please Select

This becomes part of your Six Sigma chart

SECTION 8- INTERNAL QUALITY SCORE

Score Ranges:

Please Select

▼

SECTION 9- SUPERVISOR COMMENTS & FOLLOW UP

NOTES

Follow-up required

- ☐ Yes
- ☐ No

Retraining needed

- ☐ Yes
- ☐ No

Supply issues noted

- ☐ Yes
- ☐ No

Photo Documentation

Please Select

▼

Photo Documentation

Please Select

▼

Photo Documentation

Please Select

▼

Photo Documentation

Please Select

▼

Define score bands (e.g., “90–100 = Green / 75–89 = Yellow”)

Phone Number

Please enter a valid phone number.

Email

example@example.com

Location of Inspection

Please Select

▼

Other Selection Location

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Inspected Date

Month Day Year

Inspectors comments

Submit