**Operation’s Facilities Department**

**Custodial Service Cleanliness Evaluation Form Room #\_\_\_\_\_**

Your room was **PROFESSIONALLY** cleaned on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please take the time to inspect your room, workstation, and restroom areas for cleanliness. The Facilities department would appreciate any comments or recommendations that you make. Feedback will assist us in providing you with excellent customer services.

* Trash receptacles empty and cleaned? \_\_\_\_\_\_\_\_\_\_
* Workstation (desk) dusted? \_\_\_\_\_\_\_\_\_\_
* Shelves cleaned and dusted? \_\_\_\_\_\_\_\_\_\_
* File cabinets dusted? \_\_\_\_\_\_\_\_\_\_
* Carpet vacuumed? \_\_\_\_\_\_\_\_\_\_
* Stains removed? \_\_\_\_\_\_\_\_\_\_
* Floor has luster? \_\_\_\_\_\_\_\_\_\_
* Floor cleaned? ` \_\_\_\_\_\_\_\_\_\_
* Restrooms cleaned and stocked? \_\_\_\_\_\_\_\_\_\_
* Baseboards cleaned? \_\_\_\_\_\_\_\_\_\_
* Windows cleaned? \_\_\_\_\_\_\_\_\_\_
* Ledges cleaned and dusted? \_\_\_\_\_\_\_\_\_\_

\*\*PLEASE INPUT (N/A) IF NOT APPLICABLE.

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name Date