

# Gail Stilwell Maids, Inc. - Routine Maintenance Cleaning Checklist

*Completion of these duties is dependant on how many hours of cleaning are booked  
and on the current condition of the home.*

Name of client: \_\_\_\_\_ First name of maid: \_\_\_\_\_

Date: \_\_\_\_\_

**Note to Maid:** Put a checkmark (✓) in the appropriate box next to completed chore. If "no," explain or comment in the space provided below. Leave this completed checklist at every job site.

**Kitchen Area:** ..... **Yes** **No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Clean dishes, pots put away. ....                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Dirty dishes put in washer or hand wash. ....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Surface objects moved aside and all top surfaces cleaned. ....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Objects on surfaces dusted or wiped. ....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Microwave, coffee maker, etc. cleaned inside and out. ....            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Outside of dishwasher door, including upper door ledge, cleaned. .... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Top and outside of stove cleaned. ....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Top and outside of refrigerator cleaned. ....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Sink, drain, chrome scrubbed clean. ....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Floors swept thoroughly, followed by damp mop. ....                  | <input type="checkbox"/> | <input type="checkbox"/> |

**Bathroom Areas:** ..... **Yes** **No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 11. Toilet cleaned from top of tank to floor, in and out. .... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Sink, soap dish, and chrome scrubbed clean. ....           | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Bathtub, shower cleaned, including soapdish and door. .... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Objects on countertops dusted or wiped. ....               | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Floor swept thoroughly, damp mopped. ....                  | <input type="checkbox"/> | <input type="checkbox"/> |

**Bedrooms:** ..... **Yes** **No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 16. All beds made or changed if indicated by clean sheets left out. .... | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

**All other rooms throughout the house:** ..... **Yes** **No**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 17. All objects on surfaces moved completely aside and surface thoroughly dusted. ....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. All mirrors, glasstop tables windexed. ....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. All picture frames dusted. ....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. All window sills dusted. ....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Ceiling fans, within reach, dusted when requested. ....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. All cluttering books, magazines, papers, etc., consolidated into small neat piles<br>(except on working desk). .... | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. All carpets vacuumed. ....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. All other floors swept well. ....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Small rugs shook outside. ....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. All waste baskets emptied into kitchen garbage. ....  | <input type="checkbox"/> | <input type="checkbox"/> |

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

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**DO NOT TOUCH / DUST ELECTRONICS**