

OFFICE SANITIZATION CHECKLIST

(Kindly follow the scale below to tick the appropriate rate for each task)

Note: This form will be utilized by the EXED Centre Group of Schools weekly

Campus: _____ **Shift:** _____ **Attendant's Name:** _____ **Team Leader:** _____

Date	Time	Location	Check Completed tasks:																														Attendant Sign.	Team Leader Sign.					
			Front Door					Door Handle					Door glass					Office counter					Office Chairs					Counter edges							Counter glass				
Rating			1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5		
Total Score																																							
Average Score																																							

Supervisor's Signature: _____

Date: _____

Rating Scale:

1 – Unsatisfactory; 2 – Needs Improvement; 3 – Meets Performance Standards; 4 – Exceeds Performance requirements; 5 – Exceptional Performance