CLASSROOM/OFFICE CLEANING 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.
			Clean/Wipe Doors					Clean/Wipe Walls					Clean Window					Clean /Sweep Floor					Clean/ Empty Bins					Clean Sinks					Clean Water cooler					Dust/Remove Cobwebs					Clean/ Wipe Furniture & Equipment					Erase Whiteboard						
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	1	2	3	4	5	1	2	3	4	5		
Total Score																																															
Average Score																																														

Supervisor's Signature: _____ **Date:** _____

Plant Manager's Signature: _____ **Date:** _____

Rating Scale:

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