SUITE CLEANING LOG

Month/Year: _____

Suite Number:
Primary Housekeeper:
Supervisor Signature:

DATE	CLEANING AREA	STANDARD TASKS COMPLETED	STAFF	NOTES
	Kitchen / Dining	Surfaces Floors Appliances		
	Living Area	Dusting Vacuum Glass		
	Master Bedroom	Linens Dusting Floors		
	Bathroom 1	Sanitize Towels Mirror		
	Guest Room	Linens Dusting Floors		
	Bathroom 2	Sanitize Towels Mirror		
	General/Hallway	High Dust Baseboards		
	Special Request	Windows Deep Clean		

DATE	CLEANING AREA	STANDARD TASKS COMPLETED	STAFF	NOTES