

JANITORIAL SUPPLY INVENTORY

Facility Maintenance Tracking Sheet

DATE: _____

FLOOR/DEPT: _____

SUPPLY ITEM DESCRIPTION	ON HAND	MIN LEVEL	TO ORDER	NOTES/VENDOR
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General Purpose
Cleaner

Glass & Surface
Cleaner

Disinfectant Solution

Floor Wax / Stripper

Paper Towels (Rolls)

Toilet Tissue (Cases)

Hand Soap Refills

Trash Liners - Large

Trash Liners - Small

SUPPLY ITEM DESCRIPTION	ON HAND	MIN LEVEL	TO ORDER	NOTES/VENDOR
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Microfiber Cloths

Mop Heads / Pads

Latex/Nitrile Gloves

Air Freshener Refills

Urinal Screens / Blocks

INVENTORY TAKEN BY (PRINT NAME)
SUPERVISOR SIGNATURE