

**QUALITY CONTROL CHECKLIST
MOVE IN/OUT**

Customer Name: _____

Date: _____

Bathrooms

- ___ Shower doors
- ___ Vanity and sinks
- ___ Mirrors
- ___ Floors vacuumed and mopped
- ___ Toilets
- ___ Window sills
- ___ Cabinets interior/exterior
- ___ Empty trash
- ___ Baseboards

Kitchen

- ___ Countertops
- ___ Top and front of range
- ___ Drip pans
- ___ Sinks
- ___ Interior/Exterior all appliances
(refrigerator/freezer/oven)
- ___ Floors vacuumed and mopped
- ___ Microwave
- ___ Dusting
- ___ Cabinets interior/exterior
- ___ Empty trash

Laundry Room

- ___ Interior/exterior cabinet
- ___ Sinks
- ___ Washer/dryer
- ___ Floors vacuumed and mopped
- ___ Baseboards

All Rooms

- ___ Doors dusted
- ___ Fingerprints from doors and
light switches removed
- ___ Return air vents dusted
- ___ Baseboards
- ___ Mini blinds dusted
- ___ Ceiling fans cleaned
- ___ Light fixtures cleaned
- ___ Edges of carpet vacuumed
- ___ Cobwebs removed
- ___ Window sills cleaned
- ___ French doors/sliding glass doors/storm
doors cleaned
- ___ Mirrors cleaned
- ___ Floors vacuumed and mopped
- ___ Garage swept
- ___ porches swept
- ___ basement swept if not finished

- ___ window washing upon request

EMPLOYEE SIGNATURES: _____