

FALL DEEP CLEAN CHECKLIST

Property Address: _____

Unit ID#: _____

Initials

Service Performed

Inspected By:

Housekeeping Department

| | | |
|-------|--|-------|
| _____ | Clean and store all patio/deck furniture | _____ |
| _____ | Clean and store BBQ | _____ |
| _____ | Verify availability of snow shovel | _____ |
| _____ | Sweep garage, decks, patios and porches | _____ |
| _____ | Cobwebs removed. | _____ |
| _____ | Draperies, curtains, mini-blinds cleaned or washed as needed. | _____ |
| _____ | Throw rugs cleaned, washed, or replaced as needed. | _____ |
| _____ | Clean vinyl or wood floors and wax | _____ |
| _____ | Clean interior windows and window tracks | _____ |
| _____ | Clean woodwork, baseboards, and doors. | _____ |
| _____ | Wash walls as needed. | _____ |
| _____ | Polish all surfaces of furniture. | _____ |
| _____ | All light fixtures removed and cleaned. | _____ |
| _____ | Make sure all lights have proper bulbs | _____ |
| _____ | Move all furniture and clean underneath. | _____ |
| _____ | Mattress pads cleaned or washed. | _____ |
| _____ | Blankets cleaned or washed as needed. | _____ |
| _____ | Pillows and pillow protectors cleaned, or replaced as needed. | _____ |
| _____ | Bedspreads cleaned or washed as needed. | _____ |
| _____ | Clean stove and dishwasher. No foil under burners. Replace drip pans/rings as needed | _____ |
| _____ | Defrost refrigerator. Clean inside and out as well as underneath. | _____ |
| _____ | Clean all cupboards. Replace shelf paper if required. | _____ |
| _____ | Clean all drawers and closets. Re-line if required. | _____ |
| _____ | Check condition of kitchen inventory. (pots and pans etc.) Replace if needed. | _____ |
| _____ | Replace smoke detector batteries | _____ |
| _____ | Replace signage. Let us know which signs need to be replaced | _____ |
| _____ | Mark all linens | _____ |
| _____ | Linen closet organized and inventoried | _____ |
| _____ | Complete Minimum Inventory Checklist | _____ |
| _____ | Complete and update Walk-away Inventory list. | _____ |

Other Services (as needed)

| | | | | |
|-------|--|-----------------------------|------------------------------|-------|
| _____ | Carpets need to be cleaned? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | _____ |
| _____ | Upholstery needs to be cleaned? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | _____ |
| _____ | Heating system service/inspection by licensed contractor | | | _____ |

Comments/Suggestions: _____

FOR LTA OFFICE USE:

Revised 9/03

LTA to perform Owner to perform Reservation Dates: _____

Inspected By: _____ Date: _____