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In	Information				
	Document No.				
	Audit Title				
	Date of Clean				
	Prepared by				
M	onthly Deep Clean Check List				
	Have all tops been cleaned (Dusted and Wiped with damp cloth)  Yes No N/A				
	Have all carpets been thoroughly vacuumed, including under desks  Yes No N/A				

Have all carpet stains been lifted and notified						
Yes	□No	□ N/A				
Have all window ledges been dusted						
Yes	No	□ N/A				
Have all skirting boards been cleaned						
Yes	No	□ N/A				
Have all chair seats been vacuumed						
Yes	No	□ N/A				
Have shelv	es in meet	ing rooms been cleaned				
Yes	No	□ N/A				
Have tops	of all stora	ge units been cleaned				
Yes	No	□ N/A				
Have all pa	artitions be	en cleaned				
Yes	No	□ N/A				
Has all equ	ipment or	kitchen tops been pulled out and cleaned behind				
Yes	No	□ N/A				
Have all fridges been pulled out and cleaned behind						
Yes	No	□ N/A				

Has the coffee machine been pulled out and cleaned behind				
☐ Yes ☐ No ☐ N/A				
Have fridges been cleaned inside and out and date of cleaning advised to Jude or Katie  Yes No N/A				
Have all kitchen waste bins been cleaned inside and out to remove and prevent stains, grime and smell				
☐ Yes ☐ No ☐ N/A				

## Sign Off

I confirm all the scheduled cleaning has been completed as requested	
Checked by	

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