



PRE & POST CLEAN INSPECTION CHECKLIST

CUSTOMER: _____ DATE: _____

ADDRESS: _____ E-MAIL: _____

PHONE: _____ TECHNICIAN: _____

CARPET AREAS TO BE CLEANED:

- LIVING ROOM _____ BEDROOM _____
- FAMILY ROOM _____ OFFICE _____
- DINING ROOM _____ STAIRS _____
- OTHER _____

CARPET PRE-EXISTING CONDITIONS:

- OPEN SEAMS FILTRATION LINES
- CARPET BUCKLING DISCOLORATIONS / COLOR LOSS
- CARPET DELAMINATION FADING
- STAIR CARPET LOOSE ABRASION / SHADING
- HEAVY SOILING IN TRAFFIC AREAS OTHER

STAINS:

- URINE / PET PLANTS
- RED / JUICES FURNITURE FINISH / TRANSFER / VARNISH
- TANNIN / COFFEE / TEA OIL BASED
- DISPERSED DYE / MUSTARD HAIR DYE
- RUST INK
- NAIL POLISH OTHER _____



PRE & POST CLEAN INSPECTION CHECKLIST

PRE-CLEAN

POST-CLEAN

ITEM	DAMAGE Y / N	DESCRIPTION	DAMAGE Y / N	DESCRIPTION	ROOM TYPE

COMMENTS:

EMPLOYEE SIGNATURE: _____ **DATE:** _____

CLIENT SIGNATURE: _____ **DATE:** _____



PRE & POST CLEAN INSPECTION CHECKLIST

ROOM TYPE: _____

COMMENTS:



PRE & POST CLEAN INSPECTION CHECKLIST

ROOM TYPE: _____

--

COMMENTS:



PRE & POST CLEAN INSPECTION CHECKLIST

ROOM TYPE: _____

COMMENTS:



PRE & POST CLEAN INSPECTION CHECKLIST

ROOM TYPE: _____

COMMENTS:



PRE & POST CLEAN INSPECTION CHECKLIST

ROOM TYPE: _____

COMMENTS:



PRE & POST CLEAN INSPECTION CHECKLIST

ROOM TYPE: _____

COMMENTS: