

COMBO INSPECTION FORM

Name _____ Week _____ Route _____

<i>Daily Route Tasks</i>	<i>Good Job</i>					<i>Improvement Needed</i>				
Days of the Week	M	T	W	TH	F	M	T	W	TH	F
<i>Employee - initial after review</i>										
<i>SUB Sweeper if applicable</i>										
<i>Area Inspected 1st column</i>										
<i>Area Inspected 2nd column</i>										
Trash Can										
Paper Shredder										
Large Trash – picked up										
High Touch Points (HTPs)										
Dusting										
Windows – Glass/Frame										
Phones										
Dispensers										
Sinks										
Countertops										
Walls										
Area Vacuumed										
Pencil Sharpener										
White Board Tray										
Tile Floors										
Blackmarks										
Assigned Entryway										
Hall Trash Cans										
<i>Equipment Care</i>	<i>Equipment Looks Good</i>					<i>Improvement Needed</i>				
Barrel/Cart – Clean/Stocked										
Vacuum/Cord – Clean/Proper Care										
Chemicals filled										
Job Card/Map in place										
KEYS RETURNED to cabinet										
Closet - Clean/Stocked										
<i>Miscellaneous Tasks</i>	<i>Misc. Tasks Completed</i>					<i>Improvement Needed</i>				
Check out with Supervisor										
Security: Doors/Windows Locked										
<i>FIRST WARNING</i>	<i>SECOND WARNING</i>					<i>THIRD WARNING</i>				
DATE:	DATE:					DATE:				
<i>Custodian/Sweeper Signature:</i>	<i>Custodian/Sweeper Signature:</i>					<i>Custodian/Sweeper Signature:</i>				
AFM/Lead Signature:	AFM/Lead Signature:					AFM/Lead Signature:				

(Additional comments may be on back of form.)