

COMMERCIAL CLIENT INSPECTION FORM

Date Inspection		Franchisee	
Contact Person		Ops Manager	
Name of Client		Completed By	
Service Address		Client Signature	
	Circle One	Comments	Action
FURN/EQUIPMENT/FITTINGS			
Reception / Boardroom	1 2 3 4 5		
Skirting boards/Ledges/Window sills	1 2 3 4 5		
Signage / Picture Frames / Partitions	1 2 3 4 5		
Low Dusting	1 2 3 4 5		
High Dusting	1 2 3 4 5		
Internal/External Glass	1 2 3 4 5		
Bins	1 2 3 4 5		
Desks / Tables / Chairs	1 2 3 4 5		
Light Fittings / Switches	1 2 3 4 5		
Walls / Doors / Air Vents	1 2 3 4 5		
FLOORS/FLOOR COVERINGS			
Carpets	1 2 3 4 5		
Vinyl/Hard Surface Floors	1 2 3 4 5		
Edges/Kickboards/Corners	1 2 3 4 5		
Removal of stains/spillages	1 2 3 4 5		
EXTERNAL AREAS			
Entrance Doors/Glass	1 2 3 4 5		
Internal/External Stairwells	1 2 3 4 5		
Fire Stairs	1 2 3 4 5		
Basement / Carparks / Ramps	1 2 3 4 5		
External walls/Passageways	1 2 3 4 5		
TOILETS/SHOWERS/BATHROOMS			
Floors/Walls/Mirrors	1 2 3 4 5		
Toilet bowls/Seats/Lids	1 2 3 4 5		
Basins/Sinks/Vanities/Baths	1 2 3 4 5		
Light Fittings/Switches	1 2 3 4 5		
KITCHENS / LUNCHROOMS			
Tables/Chairs	1 2 3 4 5		
Benchtop/Sink	1 2 3 4 5		
Cupboards/Doors/Walls	1 2 3 4 5		
Microwave/Fridge/Oven	1 2 3 4 5		
1 Not Done	2 Poor	3 Needs Imp	4 Acceptable
5 Good			
Max score possible	135	Actual Score	Actual Rating
			%
OVERALL PRESENTATION % RATING			
Unacceptable Under 75%	Average 75% - 85%	Good 86% - 95%	Excellent 96% - 100%

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