

# Classroom Cleaning Inspection Checklist

Date: \_\_\_\_\_

Inspector: Name \_\_\_\_\_

Room: \_\_\_\_\_

Room Number \_\_\_\_\_

Desks cleaned and arranged  Whiteboard/blackboard cleaned  Floors swept/mopped  Trash emptied and replaced  Windows and sills cleaned  Doors and handles wiped  Chairs cleaned and arranged  Teaching station/lectern cleaned  Light switches and controls wiped  Projector/tech area cleaned  Supplies organized  Sinks (if any) cleaned  Air vents and fans dusted

Item/Area	Pass	Fail	Comments
Desks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Floors	<input type="checkbox"/>	<input type="checkbox"/>	_____
Board	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trash	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

## General Notes / Additional Comments:

Write your observations here...