



Site: _____

Visitation Shelter Cleaning Checklist

Date: _____ Time _____ Initials _____

Designate/HSKG Terminal Clean: chairs, table, door handle/frame, light switches, windows, floor, vacuum mats, spot clean walls, wall mounted fixtures									

--	--	--	--	--	--	--	--	--	--

Between visits: Input Time of clean	Chairs	Table	Door Handle/ Frame	Light Switches	Spot Clean Walls	Wall Mounted Fixtures	Floor	Vacuum Mats	Initials
Eg. 1000 hrs	√	√	√	√	√	√	√		