

Date: _____

Cleaning Check List

- | | |
|--|--|
| <input type="checkbox"/> Counter Tops | <input type="checkbox"/> Dishes |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Baseboards | <input type="checkbox"/> Dust |
| <input type="checkbox"/> Closets | <input type="checkbox"/> Sweep & Mop |
| <input type="checkbox"/> Stove & Microwave | <input type="checkbox"/> Vacuum |
| <input type="checkbox"/> Fridge | <input type="checkbox"/> Trash |
| <input type="checkbox"/> Wash Bed Linens | <input type="checkbox"/> Sinks & Toilets |
| <input type="checkbox"/> Pick Up | <input type="checkbox"/> Tubs |

Name: _____

Assigned Chores: _____

Name: _____

Assigned Chores: _____

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