Retail Store Cleanliness Survey

Date of Visit	
Store Location	
	_
Your Name (optional)	
Team reality (optionally)	_
	_
Entrance Area Cleanliness 1	
C 2	
C 3	
C 4	
Aisle Cleanliness	
O 1	
C 2	
C 4 C 5	
Restroom Cleanliness	
C 2 C 3	
O 4	
Ohashaat Assa Ohashisaas	
Checkout Area Cleanliness 1	
O 2	
C 3	
C 4	
Additional Comments	
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