

Cleaning Contractor Assessment Sheet

Date:

Contractor Name:

Assessor Name:

Site/Location:

Time:

Assessment Criteria

Criteria	Yes / No	Comments / Observations
Personal Protective Equipment (PPE) worn appropriately	<input type="text"/>	<input type="text"/>
Cleaning materials and equipment in good condition	<input type="text"/>	<input type="text"/>
Work area appropriately cordoned/signposted	<input type="text"/>	<input type="text"/>
Safe handling and storage of chemicals	<input type="text"/>	<input type="text"/>
Cleaning procedures being followed	<input type="text"/>	<input type="text"/>
Waste disposed of correctly	<input type="text"/>	<input type="text"/>
Area left clean and tidy upon completion	<input type="text"/>	<input type="text"/>

General Remarks

Corrective Actions Required

Assessor Signature:

Contractor Representative Signature: