


CLEANING / SANITISATION REPORT			Client/Company:		
Location:		Date:		PO number:	
Tick type of cleaning to be undertaken (may involve more than 1 type): Mould removal Infection clean Disinfection Sanitisation Other					
Building or area being cleaned: What areas or surfaces were targeted:					
PRE-START UP CHECKLIST			NAMES OF CLEANING EMPLOYEES ON SITE		
Health pre-check done on cleaning staff and fit to participate	Yes	No	1.	9.	
Set-up zone established for equipment, tools and waste	Yes	No	2.	10.	
Suitable PPE on site for this work / remediation	Yes	No	3.	11.	
Relevant safety procedures been reviewed with cleaning staff	Yes	No	4.	12.	
Warning signs or barricades in place	Yes	No	5.	13.	
			6.	14.	
			7.	15.	
			8.	16.	
TREATMENT USED					
List chemicals, dilution rates & surfaces it was applied onto for this job			COMMENTS: Record any relevant notes or difficulties encountered during the treatment		
Chemical Name	Dilution rate	Surfaces applied			
Supervisor / Team Leader (name):			Client personnel to sign off (name):		
Supervisor / Team Leader (signature):		Date:	Client personnel to sign off (signature):		Date: