CQD CLEANING SERVICES ´• SUPERVISOR AUDIT & SIGN-OFF ´•

SCORE EACH ELEMENT: 1 = PASS / 0 = FAIL

Count the passes. Count the fails. Exclude anything marked N/A.

Score = passes ˆ• (passes + fails) ˆ 100

SITE DETAILS

Site: _____ Date: _____

Supervisor: _____ Operative: _____

Site risk band: _____ Todayâ s score: _____%

SITE RISK BAND	TARGET SCORE	AUDIT FREQUENCY	TYPICAL SITES
Band 1 ´• high risk	95%	Weekly	Medical and dental practices, nurseries, food preparation
Band 2	92%	Monthly	Schools, gyms, restaurants, client-facing receptions
Band 3	90%	Every 2 months	Offices, retail, business parks
Band 4 ´• lower risk	85%	Quarterly	Warehouses, industrial units, storage

AUDIT RECORD

Failed elements â list the section letter and what was wrong:

_____

_____

Action required, by whom, by when:

_____

Done well â record this too:

_____

Reported to office â defects, damage, stock, maintenance, safety concerns:

_____

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CHECKLIST SECTIONS

A ´• Safety and compliance PASS FAIL N/A

B ´• General presentation and preparation PASS FAIL N/A

C ´• Washrooms and toilets PASS FAIL N/A

D ´• Kitchen and food areas PASS FAIL N/A

E ´• Offices and general areas PASS FAIL N/A

F ´• Stairs, corridors and communal areas PASS FAIL N/A

G ´• Specialist areas â complete where applicable PASS FAIL N/A

Examples include zone control, high and low-level areas, touch points, floors, consumables, washrooms, kitchens, offices, communal areas and specialist duties.

SUPERVISOR SIGNATURE: _____ DATE AND TIME: _____

OPERATIVE SIGNATURE â AUDIT DISCUSSED WITH ME: ___ DATE AND TIME: _____

Any FAIL in Section A is escalated to the Operations Manager the same day. Completed sheets are returned to the office within 24 hours and retained for ISO 9001 and ISO 45001 evidence.

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