

# 10 Point Quality Score Card

Get It Cleaned is committed to customer satisfaction. Below we have provided a checklist of our completed tasks to ensure quality and performance. Thank you for your business!

Client: \_\_\_\_\_ Service date: \_\_\_\_\_

Cleaning technician: \_\_\_\_\_ Time arrived: \_\_\_\_\_ a.m. p.m.

Please check the **Yes** box if you are satisfied with the work performed in that area. If not, check the **No** box. If you feel it requires action check the **Requires Action** box.

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	Yes	No	Requires Action
<b>Kitchen:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bathrooms:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bedrooms:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dining room:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family room:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Living room:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Laundry room:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dusting:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Floors:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Details:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Comments: \_\_\_\_\_

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Referrals: (please list 3)

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Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

For immediate customer service response please call 973-856-3193