

Cleaning Checklist

Week: _____

	S	M	T	W	Th	F	S
Kitchen							
Load/Unload Dishwasher	<input type="checkbox"/>						
Clean Counters	<input type="checkbox"/>						
Clean Microwave	<input type="checkbox"/>						
Empty Trash	<input type="checkbox"/>						
Sweep/Mop Floor	<input type="checkbox"/>						
Bathroom							
Clean Mirrors	<input type="checkbox"/>						
Clean Counters	<input type="checkbox"/>						
Clean Shower/Tub	<input type="checkbox"/>						
Empty Trash	<input type="checkbox"/>						
Sweep/Mop Floor	<input type="checkbox"/>						
Bedroom							
Make Bed	<input type="checkbox"/>						
Dust	<input type="checkbox"/>						
Vacuum	<input type="checkbox"/>						
Change Sheets	<input type="checkbox"/>						
Empty Trash	<input type="checkbox"/>						
Living Room							
Dust	<input type="checkbox"/>						
Vacuum	<input type="checkbox"/>						
Sweep/Mop Floor	<input type="checkbox"/>						
Laundry							
Wash Clothes	<input type="checkbox"/>						
Dry Clothes	<input type="checkbox"/>						
Put away clothes	<input type="checkbox"/>						
Iron	<input type="checkbox"/>						
Sweep/Mop Floor	<input type="checkbox"/>						
Other							
_____	<input type="checkbox"/>						
_____	<input type="checkbox"/>						
_____	<input type="checkbox"/>						
_____	<input type="checkbox"/>						
_____	<input type="checkbox"/>						