**CLEANLINESS AND MAINTENANCE MONITORING TOOL**

1. **Comfort Room**

 **CR LOCATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Male/Female :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **AREA** | **CLEANING DATE** | **REMARKS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean and scrub floor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Wash basin/sink |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Wash Area |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mopped/Sanitized washroom floor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Toilet Bowl/seat/urinals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wipe Mirror |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Empty Trash basket/bin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide Toilet tissue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provide Soap |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean windows, doors and grills |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wash/dust walls, partitions and ceiling corners |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean and polish metal work |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Others:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Faucets are working |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| No leaks in fittings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Plumbing connection in good condition |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water is available |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| *Legend: A – Excellently Clean B. Clean C. No Cleaning at all* **B. Groundworks** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **GROUND WORKS** | **SCHEDULE**  | **COMPLIANCE DATE**  | **REMARKS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Watering of Plants | Daily  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sweeping | -do- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Raking of litters & leaves | -do- |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cultivating/Fertilizing | Once in every 2nd week of the month ( Wed) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Backfill of Soil (as the need arises) | Once in every 2nd week of the month ( Friday) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Trimming | Once in every 2nd week of the month (Tuesday) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Weeding | Every 1st& 3rd week of the month (Thursday) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Planting/ Re-planting | Once a week (at regular intervals) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cleaning of Canals/ Drainage | Once in every 2nd week of the month (Friday) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OTHERS: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



1. **GARBAGE COLLECTION AND SEGREGATION**

|  |  |  |
| --- | --- | --- |
| **AREA** | **COMPLIANCE DATE** | **REMARKS** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OSDS + CR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ASDS + CR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CID |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CONFERENCE HALL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GUEST HOUSES + CR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SGOD/SHN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADMIN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SUPPLY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FINANCE + CR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CR Bldg B |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CR Bldg. C |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ITO ROOM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| QMO ROOM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***MONITORED BY:*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***NOTED BY:*** |  |  |  |  |  |  |  |  |  |

**Legend: A – Excellently Clean B. Clean C. Not properly cleaned D. No cleaning done**



|  |  |  |
| --- | --- | --- |
| 1. **MAINTENANCE CHECKLIST FOR VEHICLE**
 |  |  |
| **Type of Vehicle/Plate No.** |  |  | **Driver In-Charge:** |   |   |
|  |  |  |  |  |  |
| **Particulars** | **STATUS** | **REMARKS** | **Recommendations** | **Date Checked** |
|
| **I N GOOD CONDITION** | **NOT IN GOOD CONDITION** |
| **DAILY** |  |  |  |  |  |
| Checks brake fluid level |   |   |   |   |   |
| Checks coolant level |   |   |   |   |   |
| Checks Engine Oil Level |   |   |   |   |   |
| Checks Light (Head, turn, parking) |   |   |   |   |   |
| Check Tire presure & Condition |   |   |   |   |   |
| Check windshield washer fluid |   |   |   |   |   |
| Check Wiper blade |   |   |   |   |   |
| Spark plugs |   |   |   |   |   |
| Check water  |   |   |   |   |   |
| Check battery |   |   |   |   |   |
| Check Gas |   |   |   |   |   |
| **WEEKLY** |   |   |   |   |   |
| Interior cleaning |   |   |   |   |   |
| Vacuum |   |   |   |   |   |
| Wiping & dusting |   |   |   |   |   |
| **MONTHLY** |   |   |   |   |   |
| Change Engine Oil |   |   |   |   |   |
| Change engine oil filter |   |   |   |   |   |
| Check automatic transmission fluid |   |   |   |   |   |
| Check battery and cables |   |   |   |   |   |
| Check power steering fluid |   |   |   |   |   |
| Inspect fan belt |   |   |   |   |   |
| Inspect hoses for cracks |   |   |   |   |   |
| Lubricate chassis |   |   |   |   |   |
| Engine/body wash |   |   |   |   |   |
| **YEARLY** |   |   |   |   |   |
| Emission testing |   |   |   |   |   |
| Insurance |   |   |   |   |   |
| Registration |   |   |   |   |   |
| Change cabin Air filters |   |   |   |   |   |
| Change engine Air filters |   |   |   |   |   |
| Checks brakes and wheel bearings |   |   |   |   |   |
| Flush coolant |   |   |   |   |   |
| Engine tune-up |   |   |   |   |   |
| Tire replacement |   |   |   |   |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Checked by: |  |  | Monitored by: |  |  |
|   |   |  |   |   |  |
| Driver In-Charge | Document Code : FM-SDS-ADM-007Rev.: 001As of: 8-8-2019 | Administrative Officer V |  |



1. **GARBAGE COLLECTION AND SEGREGATION**

May 2020

|  |  |  |
| --- | --- | --- |
| **AREA** | **COMPLIANCE DATE** | **REMARKS** |
| 1 | 2 | 3 | 4 | 5 | 8 | 9 | 10 | 11 | 15 | 16 | 17 | 18 | 19 | 22 | 23 | 24 | 25 | 29 | 30 |  |  |  |
| OSDS + CR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ASDS + CR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CID |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CONFERENCE HALL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GUEST HOUSES + CR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SGOD/SHN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADMIN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SUPPLY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FINANCE + CR |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CR Bldg B |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CR Bldg. C |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ITO ROOM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| QMO ROOM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***MONITORED BY:*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***NOTED BY:*** |  |  |  |  |  |  |  |  |  |

**Legend: A – Excellently Clean B. Clean C. Not properly cleaned D. No cleaning done**