

Carpet Cleaning Inspection Form

CLIENT NAME: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

CLIENT PHONE: \_\_\_\_\_ REFERRAL SOURCE: \_\_\_\_\_

CLIENT EMAIL: \_\_\_\_\_

CARPET MAINTENANCE HISTORY

CARPET AGE: \_\_\_\_\_ CARPET COLOUR: \_\_\_\_\_

WALK OFF MATS? ☐ YES ☐ NO

VACUUM FREQUENCY ☐ WEEKLY ☐ MONTH LY

TYPE OF VACUUM CLEANER: \_\_\_\_\_ DOES THE VACUUM CLEANER HAVE A ROLLER BRUSH ☐ YES ☐ NO

GENERAL CONDITION ☐ POOR ☐ AVERAGE ☐ GOOD ☐ EXCELLENT

BAGS/ CANISTER FULLNESS (empty) 1 2 3 4 5 6 7 8 9 10 (full)

LAST CLEANING? \_\_\_\_\_

WHAT METHOD? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_

WAS PROTECTION RE-APPLIED ☐ YES ☐ NO

CARPET USAGE

NUMBER OF OCCUPANTS: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_ PETS \_\_\_\_\_ SMOKERS \_\_\_\_\_

SOIL LEVEL: ☐ LIGHT ☐ MEDIUM ☐ HEAVY

IS CARPET MATTED? (none) 1 2 3 4 5 (extreme)

INSTALATION PROBLEMS? ☐ YES ☐ NONE NOTICED

ARE TRAFFIC AREAS WORN? ☐ LIGHT ☐ MEDIUM ☐ HEAVY

CAUSED BY: ☐ SOIL ☐ WEAR ☐ BOTH

CONDITION OF CARPET: ☐ POOR ☐ AVERAGE ☐ GOOD ☐ EXCELLENT

TYPE OF FIBRE: ☐ SYNTHETIC ☐ WOOL

NOTES:

CURRENT CONCERNS:

PET STAINS: \_\_\_\_\_ RUST STAINS: \_\_\_\_\_ DYES: \_\_\_\_\_ OIL: \_\_\_\_\_ BLEACH: \_\_\_\_\_

PAINT: \_\_\_\_\_ WOOD STAIN: \_\_\_\_\_ MAKE-UP: \_\_\_\_\_ COLOUR LOSS: \_\_\_\_\_

FOOD & DRINK: \_\_\_\_\_ UNKNOWN: \_\_\_\_\_

LIKELIHOOD OF PERMANENT DAMAGE: 1 2 3 4 5 6 7 8 9 10

	MEASUREMENTS	AREA SM
LIVING ROOM	_____ X _____	= _____
DINING ROOM	_____ X _____	= _____
FAMILY ROOM	_____ X _____	= _____
HALLWAY	_____ X _____	= _____
HALLWAY	_____ X _____	= _____
KITCHEN	_____ X _____	= _____
MASTER BEDROOM	_____ X _____	= _____
BEDROOM	_____ X _____	= _____
BEDROOM	_____ X _____	= _____
BEDROOM	_____ X _____	= _____
OFFICE	_____ X _____	= _____
STAIRS: _____ X	\$ _____	EA=\$ _____
STAIRS: _____ X	\$ _____	EA=\$ _____
TOTAL SQUARE METRES: _____		

TOTAL CARPET CLEANING INVESTMENT= \$ \_\_\_\_\_

ADDITIONAL QUESTIONS & COMMENTS:

PRESCRIBED TREATMENT: