

Measurement Form: 10 Helpful Tips

- Tip #1: **At the top of the Measurement Form**, you should enter two (2) names:
- "Bid Name" lets you clearly identify the building you're bidding on by using a specific name, such as Acme Mfg. North Admin Bldg.
 - "Building Name" lets you decide what name you want to appear on the proposal and reports, such as Acme Manufacturing.

Tip #2: **You'll normally enter individual lengths and widths of each area**; but, you can enter the total square feet of an area instead. For example, an office's dimensions could be entered as 15' length X 13' width, or as 195 total square feet.

Tip #3: **When measuring areas**, counting acoustical ceiling tiles can be a quick and easy way to estimate room dimensions. Most standard ceiling tiles are 2' X 2' or 2' X 4'.

Tip #4: **It can be helpful** to use a rolling wheel, or laser measuring tool, on your walkthrough.

Tip #5: **Take your time**, and jot down item counts, especially in the restroom (urinals, toilets and sinks) and lunchroom (tables, chairs, etc.) when possible.

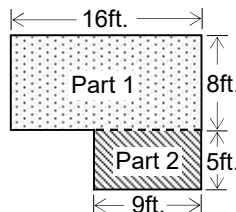
Tip #6: **It may helpful to simply ask your prospect** if they could show you all the areas needing to be cleaned, and then allow you to go back through, more slowly, to take measurements on your own.

This will give you additional time to carefully take your measurements and make notes, without keeping your prospect tied up waiting for you.

Tip #7: **Be sure to note the DIFFICULTY** of any area you come across that is exceptionally dirty, or receives "heavy" use, as well as any that are exceptionally easy to keep clean, or receive "light" use.

Tip #8 **Check off the FLOOR TYPE** of each area. It's valuable, not only for using the CleanGuru Bidding Program, but also as a great reference for pricing carpet and tile jobs.

Tip #9: **Break up any unusually shaped areas** into 2 or more parts for measuring purposes. For example:



Tip #10: **You can use the NOTES area** on the last page to enter important information you learn during your walkthroughs, such as when the building is available to be cleaned, or who will provide consumable supplies (i.e. toilet tissue, trash liners etc.)

Measurement Form

BUILDING INFORMATION

Date: _____

Bid Name: _____

Building Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Building Type: Office Medical
 Bank Auto Dealer

Cleaning Frequency: 1 day/wk. 4 days/wk. 7 days/wk.
 2 days/wk. 5 days/wk.
 3 days/wk. 6 days/wk.

AREA MEASUREMENTS

Entrances	Qty	Measurement	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.

Optional: 1) Item Counts: walk off mats: _____ entry doors: _____ 2) Change cleaning frequency to: _____ days/wk.

Lobbies	Qty	Measurement	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.

Optional: 1) Item Counts: walk off mats: _____ 2) Change cleaning frequency to: _____ days/wk.

Measurement Form

Offices/Cubicles <small>(continued)</small>	Qty	Measurement	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
Optional: 1) Item Counts:			2) Change cleaning frequency to: _____ days/wk.	

Conference rooms	Qty	Measurement	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
Optional: 1) Item Counts: coffee stations: _____			2) Change cleaning frequency to: _____ days/wk.	

Hallways	Qty	Measurement	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
Optional: 1) Item Counts: drinking fountains: _____ coffee stations: _____			2) Change cleaning frequency to: _____ days/wk.	

Measurement Form

Restrooms	Qty	Measurement	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
Optional: 1) Item Counts: sinks: _____ urinals: _____ toilets: _____ showers: _____ 2) Change cleaning frequency to: _____ days/wk.				

Locker rooms	Qty	Measurement	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
Optional: 1) Item Counts: showers: _____ ½ Bradley sink: _____ full bradley sink: _____ 2) Change cleaning frequency to: _____ days/wk.				

Lunchrooms	Qty	Measurement	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
Optional: 1) Item Counts: tables: _____ chairs: _____ counters: _____ sinks: _____ coffee stations: _____ walk off mats: _____ microwaves: _____ trash cans: _____ refrigerators: _____ 2) Change cleaning frequency to: _____ days/wk.				

Measurement Form

Stairwells	Qty	Number of Stories	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
Optional: 1) Item Counts: walk off mats: _____				
2) Change cleaning frequency to: _____ days/wk.				

Elevators	Qty	Number of Stories	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
Optional: 1) Item Counts: _____				
2) Change cleaning frequency to: _____ days/wk.				

Utility/Storage Rooms	Qty	Measurement	Floor Type	(Optional) Difficulty
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
			<input type="checkbox"/> Carpet <input type="checkbox"/> Waxable <input type="checkbox"/> Non-waxable	<input type="checkbox"/> Lt. <input type="checkbox"/> Avg. <input type="checkbox"/> Hvy.
Optional: 1) Item Counts: _____				
2) Change cleaning frequency to: _____ days/wk.				

