

# Airbnb Cleaning Checklist: Turnover Between Guests

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## Property and turnover

DATE OF THIS CLEAN

PROPERTY ADDRESS

LISTING OR UNIT NAME

CLEANED BY

GUEST CHECKOUT DATE

NEXT CHECK-IN DATE

NEXT CHECK-IN TIME

BEDROOMS ON THIS CLEAN

BATHROOMS ON THIS CLEAN

☐ Same-day turnover

☐ Guest or host reported illness, or you saw body fluids to clean

TURNOVER NOTES

## Beds and linens

| Item                                                    | Done                     | Skip                     | N/A                      | Notes |
|---------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| All beds stripped                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Bed linens, pillowcases, and duvet covers washed        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Towels, washcloths, and bathmats washed                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Laundry dried completely                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Mattress protector on and clean                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Beds remade with clean, dry linens                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Pillows, blankets, and bedspreads clean                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Dirty hamper or laundry bag emptied and wiped           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Under beds and in drawers clear of leftover guest items | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |

## Bathrooms

| Item                                                       | Done                     | Skip                     | N/A                      | Notes |
|------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| Toilets cleaned and sanitized                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Each toilet flushes and refills                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Sinks, faucets, and vanity counters cleaned                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Tubs and showers free of hair, soap film, mold, and mildew | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |

|                                                     |                          |                          |                          |       |
|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| Mirrors and glass wiped streak-free                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Bathroom floors swept or vacuumed, then wet-cleaned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Bath high-touch points wiped                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hot and cold water at each bath fixture             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

## Kitchen

| Item                                                                    | Done                     | Skip                     | N/A                      | Notes |
|-------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| Stove, oven, and microwave cleaned                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Refrigerator cleared of leftover guest food; interior and handles wiped | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Counters cleaned, then sanitized if they are food-contact               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Kitchen sink and faucet cleaned                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Reusable dishes, utensils, and glassware cleaned and put away dry       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Ice trays or buckets emptied and cleaned                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Coffee maker, toaster, and other guest appliances emptied and wiped     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Appliance handles, knobs, and switches wiped                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

## Rooms, high-touch, and floors

| Item                                                          | Done                     | Skip                     | N/A                      | Notes |
|---------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| Doorknobs, light switches, stair rails, and handles wiped     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Remotes and other electronics cleaned per the maker           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Tables, desks, headboards, and other hard furniture wiped     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Carpets, rugs, and drapes vacuumed or spot-cleaned            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Living and bedroom floors swept or vacuumed, then wet-cleaned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Living room, dining, and entry reset                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Outdoor high-touch plastic or metal wiped if dirty            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

## Trash and refuse

| Item                                                             | Done                     | Skip                     | N/A                      | Notes |
|------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| Indoor trash emptied in kitchen, baths, and rooms                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Fresh liners in every can you emptied                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Recycle and compost emptied if the listing offers them           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Outdoor refuse area closed, not overflowing, and clear of debris | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

## Restock and reset

| Item                                                           | Done                     | Skip                     | N/A                      | Notes |
|----------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| Toilet paper and hand or body soap restocked                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Clean, dry towels set out for the next guests                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Dish soap, sponge or cloth, and kitchen paper restocked        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Spare trash bags left where the cleaner or guest can find them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Listed essential amenities present and usable                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### Safety items and health hazards

| Item                                                                       | Done                     | Skip                     | N/A                      | Notes |
|----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------|
| Smoke alarms visible and not covered on each level you walked              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| CO alarms visible where the house needs them                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Smoke and CO test buttons pressed if this visit includes the monthly check | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Cleaning chemicals labeled and stored away from guest food and linens      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| No visible insects, rodents, or pest evidence                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| No obvious mold, standing water, or other health hazard left for check-in  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### Issues and sign-off

ISSUES OR FOLLOW-UP

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READY FOR NEXT GUEST

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CLEANER OR HOST SIGNATURE

TIME SIGNED

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Reference only. Verify against local codes, a licensed inspector or a qualified contractor.