

CLEANLINESS REPORT

Name of Building/Unit:

Inspection Period: to

Date of Submission:

S.N.	PARTICULARS	COMMENTS/REMARKS
1	CHAMBERS/ ROOMS	
2	TOILETS	
3	CORRIDORS AND STAIRCASE	
4	DISPOSAL OF UNUSABLE ITEMS	
5	WEEDING OUT OF FILES/ RECORDS	
6	SURROUNDING AREA	
7	GARBAGE/WASTE DISPOSAL	
8	OTHER	
9	SUGGESTION OF THE COMMITTEE, IF ANY	

Signature of Committee members with name:

- 1.
- 2.
- 3.
- 4.