



VIXIA | Service Completion & Quality Report

Client Name: _____

Date: _____ Supervisor/Staff: _____

ADVANCED SANITIZATION & DISINFECTION

PROTOCOL	TECHNICAL VALIDATION	DONE	NOTES
Application	360-degree sprayer coverage on all surfaces		
	Focus on undersides of tables & armrests		
Hot Spots	[] Handles [] Switches [] Handrails [] Keypads		
Safety	Minimum dwell time (10 mins) achieved		
	Space ventilated & safe for immediate re-entry		
Windows & Glass	Internal Windows: Glass, tracks, and sills		
	External Windows: Glass and screens		
	Total Window Count: [] 1st Floor: [] 2nd Floor: []		

ADDITIONAL NOTES & OBSERVATIONS:

PROPERTY STATUS: Excellent [] · Pre-existing Damage Noted [] · Follow-up Required []

SIGN-OFF & SATISFACTION GUARANTEE:

By signing below, the client acknowledges the tasks above were completed to the VIXIA "Sanctuary Standard."

VIXIA Supervisor Signature	Client Signature
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VIXIA Guarantee: If any detail is not perfect, notify us within 24 hours. We will return to correct it by the next business day at no additional cost.

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