

Dust Busters Employee Evaluation Form

Cleaner Name: _____

Evaluator Name: _____

Date of Evaluation: _____

Evaluation Type: _____

Core Cleaning Skills

Bathroom cleanliness (1–5): _____

Kitchen detail (1–5): _____

Dusting thoroughness (1–5): _____

Floors (vacuum + mop) (1–5): _____

Baseboards / Corners (1–5): _____

Trash removed + bags replaced (1–5): _____

Speed & Efficiency (1–5): _____

Quality Standards

Attention to Detail (1–5): _____

Time Management (1–5): _____

Follows Checklist/SOP (1–5): _____

Proper use of supplies (1–5): _____

Reports Issues (1–5): _____

Soft Skills & Professionalism

Attitude / Motivation (1–5): _____

Appearance / Uniform (1–5): _____

Communication with Clients (1–5): _____

Communication with Team (1–5): _____

Coachability (1–5): _____

Dependability (1–5): _____

Solo Approval Decision

- ☐ Approved to clean solo
- ☐ Needs more training
- ☐ Probation / re-evaluation required

Evaluator Signature: _____

Cleaner Acknowledgement: _____