



Cleaning, Fogging & Disinfecting Form

Date

Customer Information

First Name	Last Name	Business Name		
Address		City	Province	Postal Code
Ph. Number		Email		

Services Requested

Add Ons

<input type="checkbox"/> Package 1 (Fog Only)	<input type="checkbox"/> Clean All Surfaces	<input type="checkbox"/> Carpet Disinfectant Applied
<input type="checkbox"/> Package 2 (Fog, Clean Common Touched Areas, Apply Disinfectant)	<input type="checkbox"/> Clean Visible Contents	<input type="checkbox"/> Carpet Pet Deoderizer Applied
<input type="checkbox"/> Package 3 (Fog, Clean All Areas, Apply Disinfectant)	<input type="checkbox"/> Carpet Cleaning	<input type="checkbox"/> Carpet Spot Removal: _____ Spots
<input type="checkbox"/> Fogging	<input type="checkbox"/> Upholstery Cleaning	<input type="checkbox"/> Fog Air Ducting: \$ _____
<input type="checkbox"/> Apply Disinfectant to Surfaces	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Purchase Air Purifier (Up to 1200ft ²) \$ _____
<input type="checkbox"/> Clean Commonly Touched Surfaces	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Purchase Air Purifier (Up to 2400ft ²) \$ _____

Application Area

Frequency

Duration

<input type="checkbox"/> 1st Floor	<input type="checkbox"/> Specific Room: _____	<input type="checkbox"/> 1 Time	<input type="checkbox"/> 3 Visits	<input type="checkbox"/> N/A
<input type="checkbox"/> 2nd Floor	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Daily	<input type="checkbox"/> 5 Visits	<input type="checkbox"/> From: _____ To: _____
<input type="checkbox"/> Basement	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> 10 Visits	<input type="checkbox"/> Ongoing Until Further Notice
<input type="checkbox"/> Entire Building	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Other Information

To your knowledge, has there been anyone in the building who has contracted covid 19 or any other virus?
 Please Circle One: Yes No If yes, please describe: _____

Where were the common daily areas used by this person, are there any critical contact points that were commonly used by this person? _____

Is there any other important information or requests?

Before we arrive, please ensure all areas, closets, doors, drawers, etc are open for us to clean and apply disinfectant. If anything is closed, we will not clean or apply disinfectant to that area unless otherwise specified. All bedding, clothing and closet contents should be removed and placed in your laundry room, we do not wash or apply disinfectant to these items and it is your responsibility. We do not necessarily clean specific items unless request however we will apply disinfectant. All occupants must leave the property for the duration of the cleaning / disinfectant application and may return 1 hour upon our completion. We will call you once we are completed. Upon your return, we suggest you clean all dishes and food contact surfaces as well as wash all clothing and bedding. If you have any questions, please feel free to contact us.

I _____, Certify that the above information is true to the best of my knowledge.

Signature: _____

For Office Use	Service Start Date: _____	Notes: _____
Quoted Price: \$ _____	Approved By: _____	
Relief Restorations Representative: _____	Representative Signature: _____	