



US Cleaning Professionals Quality Service Report

Name: _____

Facility / Building: _____

USCP Representative: _____ Date _____

1	Poor
2	Fair
3	Good
4	Very Good
5	Excellent

For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the scale above to select the quality number.

Description / Identification of Survey Item	Scale				
1. Overall, how satisfied are you with US Cleaning Professional's service in your facility?	1	2	3	4	5
2. How consistent has the service been, in your facility, since US Cleaning Professionals started?	1	2	3	4	5
3. Please rate the following service areas:					
~Restroom Cleaning and Supplies?	1	2	3	4	5
~Trash Removal?	1	2	3	4	5
~Floor Sweeping, Mopping and Vacuuming?	1	2	3	4	5
~Kitchen / Break room Cleaning?	1	2	3	4	5
~Work Surface Cleaning and Dusting?	1	2	3	4	5
~All Other Surface Dusting?	1	2	3	4	5
~Other:	1	2	3	4	5
4. If you have had problems with US Cleaning Professionals service, has your issues been handled promptly?	1	2	3	4	5
5. How would you rate US Cleaning Professionals customer service level?	1	2	3	4	5
6. How would you recommend US Cleaning Professionals to other businesses?	1	2	3	4	5
7. Other Comments?	1	2	3	4	5

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