



Service Summary

Sample with all customer and visit details left blank. Every Sleep Sanitation visit gets one; you receive a copy.

Date of service	
Technician	
Mattress (brand, model, size)	

MATTRESS INSPECTION

Ticking (cover fabric)	
Construction	
Edge support	
Settling by zone	
Stains and odors	
Special care materials	
Mattress protector	
Bed mite score	Preliminary: _____ Finishing: _____

SANITATION PERFORMED

Enzyme treatment (urine / organic odor)	☐ Yes ☐ Not needed
Mattress surface temperature	_____ °F (verified at 212°F or higher with a temperature gun)
Glide rate	
HEPA vacuum and UV-C light	☐ Completed
Moisture check before leaving	☐ Completed
Protector removed, detergent sheets left	☐ Yes
Notes	

TECHNICIAN CONFIRMATION

Technician signature	
Time in / time out	