

Maryland State Department of Education
Division of Rehabilitation Services
Workforce & Technology Center
Occupational Readiness Record:
Environmental Services – Housekeeping

To The Employer: The occupational readiness record is both an inventory of the training course content and the level of proficiency achieved. The certified actual level of achievement demonstrated is indicated by a check mark.

Name: _____ **DORS PID#:** _____

Length of Training: _____ **Certified By:** _____ **Title:** _____

Key To Proficiency Code

- **LEVEL L: Limited Skill** – Does simple parts of task using required tools, but requires instruction or close supervision to do the more difficult or complex parts of job. Identifies parts by name, knows simple facts about the job.
- **LEVEL M: Moderate Skill** – Generally can perform tasks competently with limited supervision. Can use most tools and special equipment needed, but may require help on difficult or complex tasks. May not meet all the demands of speed and accuracy on the job.
- **LEVEL S: Skill** – Can work independently in the accomplishment of most assigned tasks. Can tell or show others the fundamentals of many tasks. Meets the full demands of speed and accuracy on the job.

Safety

| | L | M | S |
|-------------------------|--------------------------|--------------------------|--------------------------|
| Personal Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper Use of Chemicals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Caution Signs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper Use of Gloves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proper Mix of Chemicals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Basic Skills

| | L | M | S |
|------------------------------|--------------------------|--------------------------|--------------------------|
| Dusting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dust Mopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spot Mopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General Wet Mopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Damp Mopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sweeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spot Cleaning Walls & Doors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Window/Mirror Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mixing Mop Solution | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trash Collection & Recycling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Replenish Restroom Supplies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Metal Polishing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Green Clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Material Safety Data Sheets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Routine Jobs & Frequency

| | L | M | S |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| Office Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Classroom Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hallway & Stairway Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restroom Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drinking Fountain Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Light Fixture Cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vacuuming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stain Removal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Proper Use of Tools & Equipment

| | L | M | S |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Dust Cloths | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High Duster | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toilet Brush / Johnny Mop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buckets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wet Mop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Push Broom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dust Mop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Upholstery Cleaner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Work Habits

| | L | M | S |
|------------------------|--------------------------|--------------------------|--------------------------|
| Punctuality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dedication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Time Management Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | L | M | S |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Follows Directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Effective Communication Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Competitive Work Pace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Works Well with Coworkers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

[illegible]

Instructor: _____ **Date:** _____