FAST LOGISTICS
ONE NAME . END TO END.

RESTROOM INSPECTION & CLEANING CHECKLIST

UNIT NO.: _____ LOCATION: _____

MONTH - YEAR: _____

No.	Items	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Remarks
	Time ------->>>>>																																
1	Presence of Toilet Paper																																
2	Presence of Hand Soap																																
3	Presence of Air Freshener																																
4	Presence of Cloth Towel/Dryer																																
5	Presence of Seat Cover																																
Clean & Disinfect:																																	
1	Sink/ Faucet/Handles																																
2	Soap Dispenser																																
3	Countertop																																
4	Toilet Seat, Bowl, Handles, Urinary																																
5	Door Knobs																																
6	Floors																																
7	Wall & Partition																																
8	Mirrors																																
9	Trashbins																																
Inspected by:																																	

Legend: Yes/Good Condition/NormallyFunctioning = ✓ No Good/Defective = **X** Not Applicable- **N/A**

If an item is deemd "X", accomplish the back portion of this form.

(FRONT)

DATE OF INSPECTION	INSPECTION FINDINGS	ACTION	RESPONSIBLE	DATE RESOLVED	REMARKS