

Restroom Checklist

Use a NEW sheet each day

Date: _____

Time	6am	8am	11am	2pm	5pm	8pm	11pm
Floor							
Sinks							
Mirrors							
TP							
Urinals							
Toilets							
Dryers							
Towels							
Trash							
Initials							

As each inspection is completed, please check off each area listed.

At the end of each day give to owner/manager

*****Remember to initial after each inspection.*****