

# Facility Restroom Maintenance Checklist

Date:

Time:

Location:

Inspected By:

Item	Checked	Notes
Floors Clean	<input type="checkbox"/>	<input type="text"/>
Mirrors Clean	<input type="checkbox"/>	<input type="text"/>
Toilets/Urinals Clean	<input type="checkbox"/>	<input type="text"/>
Soap Dispensers Filled	<input type="checkbox"/>	<input type="text"/>
Paper Supplies Stocked	<input type="checkbox"/>	<input type="text"/>
Trash Emptied	<input type="checkbox"/>	<input type="text"/>
Odor-Free	<input type="checkbox"/>	<input type="text"/>
Lights Working	<input type="checkbox"/>	<input type="text"/>

Additional Comments: