**CLEANERS - TOILET CHECKLIST**

**LOCATION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **INITIALS** | **DATE** |
| Toilet and toilet seats clean |  |  |
| Urinal clean |  |  |
| Sinks and fixtures clean |  |  |
| Mirrors clean |  |  |
| Soap and paper dispensers full |  |  |
| Garbage bins empty |  |  |
| Floors free of paper and trash |  |  |
| Air/odour control systems are filled and operating correctly |  |  |
| Floor drains and drain covers free of debris |  |  |
| Light bulbs all functioning |  |  |
| Floor dry and clean |  |  |