

Public Restroom Cleanliness Audit Checklist

 Show only Checklist

Display Style
Default 

Overall Impression

Initial assessment of the restroom's cleanliness and orderliness.

Overall Cleanliness Rating (1-5, 5 being excellent)

Enter a number...

Brief Narrative Description of Initial Impression

Write something...



What are the most noticeable issues?

- Lingering Odors
- Visible Dirt/Grime
- Unstocked Supplies
- Damaged Fixtures
- Excessive Moisture
- Other (Specify in Long Text)

If 'Other' was selected above, please specify:

Write something...

Is the restroom acceptable for public use?

- Yes
- No
- Requires Immediate Action

Any additional notes or observations?

Write something...

Entrance & Vestibule

Checks relating to the entryway and transition area into the restroom.

Lighting Condition (1-5, 1=Dim, 5=Bright)

Floor Condition (Select all that apply)

- Clean
- Wet
- Debris Present
- Damaged Tiles
- Slip Hazard

Door Condition

- Clean
- Dirty
- Damaged
- Hinges Visible


Describe any visible damage to the entryway (e.g., cracked walls, peeling paint)

Write something...

Entryway Signage

- Present & Legible
- Present but Difficult to Read
- Missing

Attach Photo of Entryway Condition

 Upload File

Fixtures (Toilets, Urinals)

Assessment of the condition and cleanliness of all toilet and urinal facilities.

Number of Toilets/Urinals Operational

Enter a number...

Toilet Seat Cleanliness

- Spotless
- Slightly Dirty
- Moderately Dirty
- Excessively Dirty

Urine Bowl Cleanliness

- Spotless
- Slightly Dirty
- Moderately Dirty
- Excessively Dirty

Toilet Bowl Water Line

- Clean
- Stained
- Mineral Deposits
- Other (Specify in Long Text)

Describe Any Stains or Issues Observed (If Applicable)

Write something...

Flush Mechanism Functionality

- Functions Properly
- Slow Flush
- Does Not Flush
- Leaking

Number of Toilets/Urinals with Issues

Enter a number...

Fixtures (Sinks & Countertops)

Evaluation of the cleanliness and functionality of sinks and countertops.

Sink Surface Cleanliness

- Spotless
- Slightly Soiled
- Moderately Soiled
- Heavily Soiled

Countertop Surface Cleanliness

- Spotless
- Slightly Soiled
- Moderately Soiled
- Heavily Soiled

Faucet Functionality (Water Flow & Temperature)

- Excellent
- Good
- Fair
- Poor

Water Temperature (Approximate in °F)

Enter a number...

Soap Dispenser Condition

- Full & Working
- Nearly Empty
- Empty & Non-Functional
- Leaking

Describe any issues observed with the faucets or dispensers.

Write something...

Upload Photo of Sink Area (if issues present)

 Upload File

Flooring & Walls

Inspection of the flooring and wall surfaces for cleanliness and damage.

Floor Condition - What issues are observed?

- Clean & Dry
- Minor Dirt/Debris
- Visible Staining
- Wet/Damp
- Cracked/Damaged Tiles
- Loose Tiles
- Grout Discoloration

Wall Condition - What issues are observed?

- Clean & Free of Marks
- Minor Scuffs/Marks
- Graffiti
- Water Stains
- Mold/Mildew
- Damage/Cracks

Number of Cracked/Damaged Floor Tiles (if any)

Enter a number...

Number of Cracked/Damaged Wall Tiles (if any)

Enter a number...

Describe any specific areas of concern on the flooring or walls.

Write something...

Grout Condition

- Excellent
- Good
- Fair
- Poor

Supplies & Amenities

Verification of adequate supplies and amenities (soap, paper towels, toilet paper).

Toilet Paper Rolls Remaining (per stall)

Enter a number...

Soap Dispenser Fill Level (estimate %)

Enter a number...

Paper Towel Dispenser Fill Level (estimate %)

Enter a number...

Soap Type Available

- Liquid
- Bar Soap
- Foam
- None

Amenities Present (Check all that apply)

- Hand Dryer
- Air Freshener
- Baby Changing Station
- Tampon/Pad Dispenser

Baby Changing Station Condition

- Clean and Sanitary
- Soiled
- Missing Changing Pad

Notes on Supply Levels/Condition

Write something...

Odors & Ventilation

Assessment of odors and the effectiveness of ventilation.

Describe the initial odor upon entering the restroom.

- Fresh/Neutral
- Slightly unpleasant
- Unpleasant/Strong
- Very unpleasant/Overpowering

Is the ventilation system operating?

Yes

No

Unsure

If ventilation fan is present, estimate airflow strength (scale of 1-10, 10 being strongest)

Enter a number...

Describe any specific odors detected (e.g., urine, mildew, chemicals).

Write something...

Are there any signs of moisture or mildew in the ventilation area?

Yes

No

Unsure

Trash Receptacles

Evaluation of trash receptacles, liner status, and surrounding area.

Number of Trash Receptacles Present

Enter a number...

Trash Receptacle Liner Status

- Lined
- Unlined
- Liner Missing

Trash Receptacle Condition

- Clean
- Minor Stains
- Damaged
- Excessive Stains

Percentage of Receptacles Full (Estimate)

Enter a number...

Notes on Trash/Debris Around Receptacles

Write something...

Type of Receptacle

- Standard
- Recycling
- Special Waste

Accessibility

Verification of accessibility compliance (ADA).

Toilet Stall Door Operation

- Opens Inward
- Opens Outward
- Automatic/Power Assist

Sink Height Compliance

- Compliant (34" max)
- Non-Compliant
- N/A - No Sink Present

Mirror Height Compliance

- Compliant (at least 28" from floor)
- Non-Compliant
- N/A - No Mirror Present

Grab Bar Presence (Toilet)

- Present & Secure
- Missing
- Damaged/Loose

Clearance Width at Sink (inches)

Enter a number...

Accessible Dispenser Heights

- All dispensers compliant (48"-60" from floor)
- Some dispensers non-compliant
- All dispensers non-compliant

Additional Accessibility Notes

Write something...

General Maintenance

Inspection for any signs of damage or disrepair requiring maintenance.

Water Leakage (if any) - Amount in Gallons/Minute

Enter a number...

Describe any visible damage to stalls (e.g., broken partitions, loose hardware)

Write something...

Condition of Mirrors

- Excellent - No scratches or damage
- Good - Minor scratches/blemishes
- Fair - Noticeable scratches/damage
- Poor - Significant damage

Number of Broken/Damaged Fixtures

Enter a number...

Description of any unusual noises (e.g., dripping, humming)

Write something...

Condition of Grouting/Caulking

- Excellent - Intact and clean
- Good - Minor discoloration/cracks
- Fair - Noticeable gaps/damage
- Poor - Significant deterioration

Date of Last Maintenance Repair (if known)

Enter date...

Any other maintenance concerns not covered above.

Write something...