



Public Restroom Cleanliness Audit Checklist

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)

Enter a number...

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...