

Restroom Cleaning & Hygiene Checklist (Public)

 Show only Checklist

Display Style
Default 

General Appearance & Order

Initial assessment of overall tidiness and organization.

Overall Cleanliness Rating

- Excellent
- Good
- Fair
- Poor

Visible Dirt/Debris (Scale of 1-5)

Enter a number...



Are floors clear of obstructions?

- Yes
- No

Check all that apply: Visible Issues

- Cobwebs
- Loose Paper
- Unorganized Items
- Damaged Fixtures
- Other (Long Text)

Notes on General Appearance

Write something...

Floor & Walls

Inspection and cleaning of floor and wall surfaces.

Floor Condition

- Clean & Dry
- Slightly Damp
- Wet/Standing Water
- Visible Debris

Wall Condition

- Clean
- Slight Staining
- Significant Staining/Damage

Sweep/Mop Frequency (Days)

Enter a number...

Grout/Tile Condition

- Good
- Mildly Discolored
- Heavily Discolored/Damaged

Notes on Floor/Wall Issues

Write something...

Fixtures (Toilets, Urinals)

Detailed cleaning and inspection of toilet and urinal facilities.

Toilet Bowl Condition (Exterior)

- Clean
- Slightly soiled
- Soiled
- Very soiled

Toilet Bowl Condition (Interior)

- Clean
- Stains present
- Severe staining
- Debris visible

Urine Screen/Splash Condition

- None
- Minor
- Moderate
- Significant

Toilet Seat Condition

- Clean
- Cracked
- Loose
- Damaged

Number of Toilets Requiring Attention

Enter a number...

Details of any issues found (Toilets & Urinals)

Write something...

Flush Mechanism Functionality

- Working Properly
- Weak Flush
- Not Working

Urinal Bowl Condition (Exterior)

- Clean
- Slightly soiled
- Soiled
- Very soiled

Sinks & Countertops

Cleaning and sanitation of sinks and countertops.

Countertop Material Condition

- Excellent - No visible stains or damage
- Good - Minor stains or scratches
- Fair - Noticeable stains or damage
- Poor - Significant damage or buildup

Sink Condition

- Clean and Spotless
- Minor Water Spots
- Visible Stains
- Damage (Cracks/Chips)

Faucet Functionality

- Working Properly
- Dripping
- Low Water Pressure
- Leaking
- Not Working

Water Temperature (approximate)

Enter a number...

Notes on Sink/Countertop Condition

Write something...

Soap Dispenser Status

- Full
- Partially Full
- Empty
- Malfunctioning

Paper Towel Dispenser Status

- Full
- Partially Full
- Empty
- Malfunctioning

Mirrors & Glass

Cleaning and clarity of mirrors and other glass surfaces.

Mirror Condition (Overall Clarity)

- Excellent - No Smudges/Streaks
- Good - Minor Smudges/Streaks
- Fair - Noticeable Smudges/Streaks
- Poor - Very Dirty/Obstructed View

Glass Partition Cleanliness (If Applicable)

- Clean
- Slightly Dirty
- Dirty
- Very Dirty

Notes (Regarding Mirror/Glass Cleaning)

Write something...

Time Spent (Mirror/Glass Cleaning)

Enter a number...

Supplies & Dispensers

Checking and replenishment of essential supplies and functionality of dispensers.

Toilet Paper Rolls Remaining

Enter a number...

Hand Soap Dispenser Level (%),

Enter a number...

Paper Towel Dispenser Level (%),

Enter a number...

Type of Hand Soap in Dispenser

- Liquid
- Foam
- Gel

Dispenser Issues?

- Clogged
- Leaking
- Empty
- Malfunctioning

Notes on Dispenser Functionality

Write something...

Paper Towel Type

- Roll
- Folded

Trash Receptacles

Management of trash and maintenance of trash receptacles.

Number of Trash Receptacles Present

Trash Receptacle Liner Status

- Liner Present
- Liner Needed
- Liner Torn/Leaking

Receptacle Condition

- Clean & Sanitary
- Minor Staining
- Damaged/Broken

Percentage of Receptacle Fill Level (Estimate)

Odor from Trash Receptacle

- No Odor
- Mild Odor
- Strong Odor

Notes/Comments Regarding Trash Receptacles

Write something...

Odors & Ventilation

Assessment of restroom odors and functionality of ventilation systems.

Overall Odor Assessment

- Fresh/Neutral
- Slightly Noticeable
- Noticeable/Unpleasant
- Strong/Unacceptable

Ventilation Fan Operation

- Operating Properly
- Operating Quietly
- Operating Loudly
- Not Operating

Ventilation Fan Speed (if adjustable)

Enter a number...

Odor Source Description (if applicable)

Write something...

Air Freshener Status

- Full
- Half Full
- Empty/Needs Replacement
- Not Applicable (No Air Freshener)

Notes/Comments Regarding Ventilation or Odors

Write something...

Safety & Accessibility

Verification of safety features and accessibility compliance.

Clear Path to Fixtures?

- Yes
- No
- N/A

Emergency Exit Sign Visible & Lit?

- Yes
- No
- N/A

Grab Bar Height (inches)

Enter a number...

Accessible Toilet Seat Functioning?

- Yes
- No
- N/A

Accessible Sink Clearance?

- Yes, meets standard
- No
- N/A

Comments/Observations Regarding Safety/Accessibility

Write something...

Post-Cleaning Verification

Final check to ensure all items are complete and the restroom is presentable.

Overall Cleanliness Rating (1-5)

- 1 - Unsatisfactory
- 2 - Needs Improvement
- 3 - Acceptable
- 4 - Good
- 5 - Excellent

Are all supplies adequately stocked?

- Yes
- No

Any issues noted during final inspection? (Describe)

Write something...

Date of Verification

Enter date...

Time of Verification

Enter time...

Inspector Signature
