



Restroom Cleaning & Hygiene Checklist (Public)

General Appearance & Order

Initial assessment of overall tidiness and organization.

Overall Cleanliness Rating

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Visible Dirt/Debris (Scale of 1-5)

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

Enter a number...

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)

Enter a number...

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

Inspector Signature