



# Restroom Cleaning & Stocking Checklist (Multiple Times Daily)

## Initial Walk-Through & Observation

Quick assessment of overall cleanliness, usage, and necessary tasks. Observe for any unusual spills, damage, or excessive usage.

**Time of Initial Walk-Through**

**Estimated Occupancy Level (Low, Medium, High)**

Enter a number...

**Overall Condition (Select one)**

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Needs Attention

### Observe Any Issues (Select all that apply)

- ☐ Spills
- ☐ Excessive Use
- ☐ Odors
- ☐ Damage (e.g., broken fixture)
- ☐ Low Supplies
- ☐ None

### Detailed Notes/Observations

Write something...

## Toilet & Urinal Cleaning

Focus on disinfecting and cleaning all toilet and urinal surfaces.

### Toilet Bowl Cleanliness

- ☐ Spotless
- ☐ Mostly Clean
- ☐ Needs Deeper Cleaning
- ☐ Significant Staining

### Urinator Bowl Cleanliness

- ☐ Spotless
- ☐ Mostly Clean
- ☐ Needs Deeper Cleaning
- ☐ Significant Staining

### Toilet Paper Rolls Remaining

Enter a number...

### Flush Functionality

- ☐ Fully Functional
- ☐ Partial Flush
- ☐ Not Functioning

### Notes on Toilet/Urinator Cleaning

Write something...

### Seat Cleanliness

- ☐ Clean
- ☐ Slightly Dirty
- ☐ Considerably Dirty

## Sink & Countertop Cleaning

Disinfecting and cleaning all sink and countertop areas.

### Describe any spills or stains encountered on the sink/countertop.

Write something...

**Amount of cleaner used (oz/ml) for sink/countertop**

Enter a number...

**Cleaner Type Used:**

- ☐ All-Purpose Cleaner
- ☐ Disinfectant
- ☐ Specialized Stone Cleaner
- ☐ Other (Specify in Long Text)

**If 'Other' cleaner was used, please specify:**

Write something...

**Sink Drains Clear?**

- ☐ Yes
- ☐ No

**If drains are clogged, describe issue and action taken:**

Write something...

**Paper Towel Dispenser Fill Level (percentage)**

Enter a number...

### Soap Dispenser Functioning?

☐ Yes

☐ No

### If soap dispenser is not functioning, describe issue:

Write something...

## Floor Cleaning

Sweep, mop, and/or spot-clean restroom floors to remove debris and spills.

### Floor Cleaning Method Used

☐ Sweep

☐ Mop (Wet)

☐ Spot Clean

☐ Vacuum

### Quantity of Cleaning Solution Used (oz/mL)

Enter a number...

### Notes on Floor Condition (e.g., excessive dirt, spills, damage)

Write something...

### Time Floor Cleaning Started

## Time Floor Cleaning Completed

### Type of Flooring

- ☐ Tile
- ☐ Vinyl
- ☐ Concrete
- ☐ Other

### Specific area of floor requiring more attention

Write something...

## Stocking Supplies

Replenish essential restroom supplies.

### Toilet Paper Rolls Remaining

Enter a number...

### Hand Soap Dispenser Fill Level (oz)

Enter a number...

### Paper Towel/Air Dryer Status (1-Full, 2-Low, 3-Empty)

Enter a number...

### Air Dryer Functioning?

☐ Yes

☐ No

### Supplies Needed (Check All That Apply)

☐ Toilet Paper

☐ Hand Soap

☐ Paper Towels

☐ Air Dryer Refill (if applicable)

☐ Trash Bags

☐ Other (Specify in LONG\_TEXT)

### Other Supplies Needed (if selected above)

Write something...

## Trash & Waste Removal

Empty trash receptacles and replace liners.

### Number of Trash Bags Used

Enter a number...

### Trash Bag Size

☐ Small

☐ Medium

☐ Large

### Type of Waste

- ☐ Regular
- ☐ Recyclable
- ☐ Hazardous (Report to Supervisor)

### Notes on Waste/Spill (if any)

Write something...

### Time Trash Removed

## Mirror & Fixture Cleaning

Clean mirrors and any other fixtures.

### Mirror Cleanliness Level

- ☐ Spotless
- ☐ Slightly Hazy
- ☐ Noticeable Streaks
- ☐ Significant Haze/Streaks

### Faucet Condition

- ☐ Shiny & Clean
- ☐ Minor Water Spots
- ☐ Visible Mineral Buildup
- ☐ Needs Deeper Cleaning



### Soap Dispenser Functionality

- ☐ Working Properly
- ☐ Slow Dispensing
- ☐ Clogged/Malfunctioning
- ☐ Empty

### Towel/Hand Dryer Condition

- ☐ Clean and Functional
- ☐ Minor Dust/Debris
- ☐ Needs Cleaning
- ☐ Malfunctioning

### Notes on Fixture Cleaning (e.g., specific areas cleaned, products used)

Write something...

## Final Inspection

Overall assessment and correction of any overlooked areas.

### Overall Cleanliness Rating (1-5, 5=Excellent)

- ☐ 1 - Poor
- ☐ 2 - Fair
- ☐ 3 - Average
- ☐ 4 - Good
- ☐ 5 - Excellent

### Notes on any lingering odors or issues

Write something...

### Dispenser Functionality Check (Soap, Paper Towels, Toilet Paper)

- ☐ Fully Functional
- ☐ Minor Issue - Needs Attention
- ☐ Malfunctioning - Needs Repair

### Paper Towel Remaining (estimated percentage)

Enter a number...

### Floor Dryness After Cleaning

- ☐ Completely Dry
- ☐ Slightly Damp
- ☐ Still Wet

### Specific Repair Requests (e.g., leaky faucet, broken tile)

Write something...