



# Restroom Cleaning & Supply Replenishment Checklist

## Initial Assessment & Safety

Quick check for any immediate hazards and to ensure a safe working environment.

**Date of Inspection**

Enter date...

**Start Time of Inspection**

**Restroom Location (e.g., Building A, 2nd Floor)**

 [Set My Current Location](#)



### **PPE (Personal Protective Equipment) Used?**

- ☐ Gloves
- ☐ Mask
- ☐ Eye Protection
- ☐ Other
- ☐ N/A

### **Ventilation Status**

- ☐ Operating Normally
- ☐ Partially Operational
- ☐ Not Operational
- ☐ N/A

### **Any immediate hazards observed (e.g., spills, leaks, broken fixtures)?**

Write something...

### **Temperature of restroom (if applicable)**

Enter a number...

### **Lighting Condition**

- ☐ Adequate
- ☐ Dim
- ☐ Not Functioning

## **Exterior Cleaning & Organization**

Focus on the area immediately outside the restroom – floors, walls, and entrance.

### Overall Exterior Cleanliness (Visual Assessment)

Write something...

### Amount of Debris on Floor (Estimate)

Enter a number...

### Description of Exterior Floor Condition

Write something...

### Notes on Exterior Debris/Issues (e.g., spilled liquids, gum, etc.)

Write something...

### Exterior Wall Condition

- ☐ Clean
- ☐ Slight Marks
- ☐ Significant Marks/Damage

### Exterior Organization Issues?

- ☐ Obstructions
- ☐ Clutter
- ☐ Signage Issues
- ☐ None

## Toilet & Bowl Cleaning

Detailed cleaning of each toilet bowl and surrounding area.

### Number of Toilets Cleaned

Enter a number...

### Bowl Cleaning Method Used

- ☐ Standard Cleaner
- ☐ Disinfectant Cleaner
- ☐ Specialized Stain Remover

### Note any stains or damage (e.g., cracks, leaks)

Write something...

### Toilet Seat Condition

- ☐ Good
- ☐ Minor Wear
- ☐ Significant Wear/Damage

### Amount of Cleaning Solution Used (in oz)

Enter a number...

### Describe any unusual odors detected

Write something...

### Flush Functionality

- ☐ Functional
- ☐ Partial Flush
- ☐ Non-Functional

## Sink & Countertop Cleaning

Cleaning and disinfection of sinks, countertops, and faucets.

### Describe any pre-cleaning observations (stains, residue, etc.)

Write something...

### Cleaner Type Used (e.g., all-purpose, disinfectant)

- ☐ All-Purpose Cleaner
- ☐ Disinfectant Cleaner
- ☐ Specialized Cleaner (specify in notes)

### Amount of Cleaner Used (oz/ml - estimate)

Enter a number...

### Detail any stubborn stains or residue encountered and how it was addressed.

Write something...

### Faucet Condition

- ☐ Good
- ☐ Minor Drip
- ☐ Significant Leak
- ☐ Needs Repair

### Notes on Countertop Material (e.g., granite, laminate)

Write something...

## Floor Cleaning & Maintenance

Cleaning and maintaining the restroom floor to remove dirt, debris, and stains.

### Floor Type?

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

### Cleaning Method?

- ☐ Sweep & Mop
- ☐ Autoscrubber
- ☐ Spot Clean

### Approximate Sq. Ft. Cleaned:

Enter a number...

**Description of any stains or issues encountered:**

Write something...

**Drying Method?**

- ☐ Air Dry
- ☐ Squeegee
- ☐ Fans

**Detergent/Cleaner Used (Ounces):**

Enter a number...

**Notes on floor condition or specific cleaning needs:**

Write something...

## Mirror & Fixture Cleaning

Cleaning mirrors and other fixtures to remove grime and improve appearance.

**Describe any difficult stains or residue found on mirrors or fixtures.**

Write something...

### **Mirror Condition (after cleaning)**

- ☐ Excellent - Spotless and streak-free
- ☐ Good - Minor streaks or spots
- ☐ Fair - Noticeable streaks or spots require further attention
- ☐ Poor - Significant staining or damage

### **Fixture Condition (after cleaning)**

- ☐ Excellent - Spotless and no visible damage
- ☐ Good - Minor blemishes or water spots
- ☐ Fair - Noticeable blemishes or damage
- ☐ Poor - Significant damage or discoloration

### **Approximate time spent cleaning mirrors and fixtures (in minutes)**

Enter a number...

### **Specific cleaning products used on mirrors and fixtures (e.g., glass cleaner, stainless steel polish)**

Write something...

### **Were any repairs needed? (e.g., loose faucet, cracked mirror)**

- ☐ Yes
- ☐ No



**If yes, describe repairs needed and any actions taken.**

Write something...

## Waste Receptacle Management

Emptying trash cans, replacing liners, and sanitizing receptacles.

**Number of Trash Cans Emptied**

Enter a number...

**Trash Bag Material (e.g., Standard, Recycled)**

- ☐ Standard
- ☐ Recycled
- ☐ Biodegradable

**Condition of Trash Cans (e.g., Good, Fair, Poor)**

- ☐ Good
- ☐ Fair
- ☐ Poor

**Notes on Trash Can Condition/Repairs Needed**

Write something...

### Liner Type Replaced (if applicable)

☐ Yes

☐ No

### Number of Liners Used

Enter a number...

### Any unusual waste found or requiring special handling?

Write something...

## Supply Replenishment

Checking and refilling essential supplies like soap, paper towels, toilet paper, and feminine hygiene products.

### Soap Dispenser Level (1-10)

Enter a number...

### Toilet Paper Rolls Remaining (per stall)

Enter a number...

### Paper Towel Roll Level (1-10)

Enter a number...

### Soap Type

- ☐ Liquid
- ☐ Foam
- ☐ Bar Soap

### Feminine Hygiene Products Needed

- ☐ Tampons
- ☐ Pads
- ☐ Empty Receptacle

### Hand Sanitizer Status

- ☐ Full
- ☐ Low
- ☐ Empty

### Notes on Supplies (e.g., specific brand request)

Write something...

## Final Inspection & Documentation

A final check to ensure all tasks are completed and to record completion.

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

Enter a number...

### Unusual Odors Detected?

☐ Yes

☐ No

### Notes/Comments (e.g., specific stains, repair needs, persistent odor sources)

Write something...

### Date of Inspection

Enter date...

### Time of Inspection

### Inspector Signature

### Restroom Condition Following Inspection

☐ Acceptable

☐ Requires Attention

☐ Unsatisfactory