Restroom Cleaning Checklist

Facility Information:
Location/Building: ________________________________
Floor/Level: ________________________________
Date: _____/____/____
Cleaned by: ________________________________
Inspected by: ________________________________

Toilets & Urinals:
[ ] Bowls cleaned and sanitized
[ ] Exteriors cleaned and wiped down
[ ] Flush handles sanitized
[ ] Check for blockages/clogs

Sinks & Countertops:
[ ] Basins cleaned and sanitized
[ ] Faucets cleaned and polished
[ ] Countertops wiped and disinfected
[ ] Soap dispensers refilled

Mirrors:
[ ] Cleaned without streaks
[ ] Checked for damages or cracks

Floors:
[ ] Swept and mopped with disinfectant
[ ] Checked for slip hazards (e.g., standing water)

Waste Bins:
[ ] Emptyed and relined
[ ] Exterior wiped and cleaned

Dispensers & Supplies:
[ ] Paper towel dispensers refilled
[ ] Toilet paper replenished
[ ] Hand soap replenished
[ ] Hand sanitizer refilled (if available)
Doors & Walls:
[ ] Wiped down and sanitized (focus on doorknobs)
[ ] Graffiti or damages addressed

Ventilation & Odor Control:
[ ] Vents cleaned and dusted
[ ] Air fresheners checked and replaced/refilled as needed

Fixtures & Utilities:
[ ] Checked for damages or malfunctions
[ ] Reported any issues to maintenance (e.g., leaking faucets)

Additional Notes/Comments:
____________________________________________________________________________

Inspection Results (for inspectors):
[ ] Satisfactory
[ ] Needs improvement

Comments/Feedback:
____________________________________________________________________________

Inspector's Signature: ___________________________ Date: ____/____/____