



Sweeper Improvement Sheet Restroom Specialist



Route: _____ **Name:** _____

	Room Number / Area			
Large trash picked up				
Dust all areas				
Trash receptacles emptied				
Trash liners replaced				
Mirrors Clean				
Ceiling Clean				
Sanitize & clean doors, doorknobs, switches				
Sanitize & clean sink				
Sanitize & clean dispensers				
Hard water removed				
Chrome & Stainless Steel Clean and Polished				
Light fixtures				
Sanitize & clean drinking fountains				
Spot clean walls and partitions				
Floors clean & mopped				
Exhaust and air vents clean				
Porcelain Toilets clean and no hard water				
Porcelain urinals clean and no hard water				
Sanitary napkin holders clean				
Lights turned off				
Odor				
Clean barrel, mop bucket				
Restock barrel/caddy chemicals and supplies				
Floor drain clean				

Additional Comments:

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<input type="checkbox"/> First Offense	<input type="checkbox"/> Second Offense	<input type="checkbox"/> Third Offense
Date: _____	Date: _____	Date: _____
AFM Sign: _____	AFM Sign: _____	AFM Sign: _____
Sweeper Sign: _____	Sweeper Sign: _____	Sweeper Sign: _____