RESTROOM INSPECTION FORM

Name	Week	Route
Italiic	VVCCI	Noute

Daily Route Tasks	Good Job				Improvement Needed					
Days of the Week	M	Т	W	TH	F	M	T	W	TH	F
Employee - initial after review										
SUB Sweeper if applicable										
Area Inspected 1 st column										
Area Inspected 2 nd column										
Trashcan										
Sanitary Napkin										
Dusting										
Floors Swept										
Door, Handle/Frame										
Switches										
Mirrors										
Dispensers										
Stall Walls/Doors										
Walls										
Sinks										
Urinals										
Toilets										
Floors										
If Applicable										
Diaper Changing Station										
Countertops										
Blackmarks										
Hall garbage										
Equipment Care	Equipment Looks Good				ood	Improvement Needed				
Barrel/Cart - Clean/Stocked										
Chemicals filled										
Job Card/Map in place										
KEYS RETURNED to cabinet										
Closet - Clean/Stocked										
Miscellaneous Tasks	Misc. Tasks Completed				Improvement Needed					
Check out with Supervisor										
Security: Doors/Windows Locked										
FIRST WARNING	SECOND WARNING				THIRD WARNING					
DATE:	DATE:				DATE:					
Custodian/Sweeper Signature:	Custodian/Sweeper Signature: Custodian/Sweep						eper Sigi	nature:		
AFM/Lead Signature:	AFM/Lead Signature:					AFM/Lead Signature:				