Restroom cleaning log

Initial one line each time you check this restroom. Leave a box blank and note why.

Restroom or location _____ **Floor** _____

Date _____ **Sheet started by** _____

Check log

	TIME	CHECKED BY	STOCKED	SINKS AND TOILETS	FLOOR	BINS	ISSUES
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Supplies to look at

- ☐ Toilet paper in every stall
- ☐ Paper towels
- ☐ Hand soap
- ☐ Hand sanitizer
- ☐ Seat covers
- ☐ Can liners

Report an issue

- ☐ Empty dispenser refilled from the closet reserve and noted
- ☐ Leak, running toilet or broken fixture sent to your facilities contact
- ☐ Wet floor marked and dried
- ☐ Same problem on several days passed to your cleaning contact

End of day

- [ ] New sheet posted for tomorrow
- [ ] Today's sheet filed in the log folder

Notes