

Daily Restroom Cleaning Checklist

Date: _____

| | 8 AM | 10 AM | 12 PM | 2 PM | 4 PM | 6 PM | Cleaned By: |
|---|-------------|--------------|--------------|-------------|-------------|-------------|--------------------|
| Stock Supplies: | | | | | | | |
| Toilet Paper | | | | | | | |
| Hand Towels | | | | | | | |
| Hand Soap | | | | | | | |
| Air Freshener | | | | | | | |
| Seat Covers | | | | | | | |
| Empty Trash | | | | | | | |
| Clean Mirrors | | | | | | | |
| Clean Sinks, Fixtures and Countertops | | | | | | | |
| Clean and Polish Dispensers | | | | | | | |
| Clean Toilets and Urinals | | | | | | | |
| Clean Partitions and Walls | | | | | | | |
| Sweep and Mop Floor | | | | | | | |

Comments: _____

Please fill this out and fax back to 225-709-0701