

ATTACHMENT II

**Cemetery Restroom Daily Checklist
PUBLIC INFORMATION CENTER**

Month/Year: _____

| | | | | | | | | | | | | | | | |
|---|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|--------------|-----------|-------------|-----------|-------------|-----------|-----------------|
| OS-1.1a: Cemetery Public Restrooms are inspected daily and determined to be clean and supplied in accordance with Restroom checklist | | | | | | | | | | | | | | | |
| Restrooms are to be inspected daily when they are open to the Public. | | | | | | | | | | | | | | | |
| | SUN. | | MON. | | TUE. | | WED. | | THUR. | | FRI. | | SAT. | | COMMENTS |
| DATE | | | | | | | | | | | | | | | |
| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | |
| CLEAN DAILY | | | | | | | | | | | | | | | |
| Mirrors | | | | | | | | | | | | | | | |
| Sinks | | | | | | | | | | | | | | | |
| Toilets | | | | | | | | | | | | | | | |
| Floors | | | | | | | | | | | | | | | |
| Trash Emptied | | | | | | | | | | | | | | | |
| CLEAN WEEKLY | | | | | | | | | | | | | | | |
| Light Fixtures | | | | | | | | | | | | | | | |
| Soap Dispenser | | | | | | | | | | | | | | | |
| CLEAN MONTHLY | | | | | | | | | | | | | | | |
| Windows | | | | | | | | | | | | | | | |
| Clean restroom floors to clear dirt from grooves between tiles | | | | | | | | | | | | | | | |
| Heat/Air Vents | | | | | | | | | | | | | | | |
| Walls & Doors | | | | | | | | | | | | | | | |
| Stall Partitions | | | | | | | | | | | | | | | |
| Air Freshner Dispenser | | | | | | | | | | | | | | | |
| CHECK DAILY (Replenish as necessary) | | | | | | | | | | | | | | | |
| Towels | | | | | | | | | | | | | | | |
| Toilet Paper | | | | | | | | | | | | | | | |
| Soap | | | | | | | | | | | | | | | |
| Air Freshner | | | | | | | | | | | | | | | |
| Work Done by Contractor | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| Work Done by Staff | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |
| Work Inspected By | / | / | / | / | / | / | / | / | / | / | / | / | / | / | |

Contractor will initial and place the time in square above using blue or black ink signifying work has been completed. Staff will initial and place the time in square above using red or green ink signifying work has been done or work has been inspected. Use comment block to list discrepancies and or explain what was or was not done and why.

If you are not satisfied with the condition of this restroom please call (425) 413-9614 ext 110 and leave a message for the cemetery foreman. Thank You.