

**ATTACHMENT C  
RESTROOM CHECKLIST**

**RESTROOM DAILY CHECKLIST** MONTH/YEAR: \_\_\_\_\_

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**OS-1.1a: Restrooms are inspected daily and determined to be clean and supplied in accordance with Restroom checklist**  
Restrooms are to be inspected daily on the days they are open to the public.

	SUN	MON	TUE	WED	THU	FRI	SAT	COMMENTS					
<b>DATE</b>													
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
<b>CLEAN DAILY</b>													
Mirrors													
Sinks													
Toilets													
Floors													
Trash Emptied													
<b>CLEAN WEEKLY - (or as needed)</b>													
Light Fixtures													
Soap Dispenser													
<b>CLEAN MONTHLY - (or as needed)</b>													
Heat/Air Vents													
Walls and Doors													
Stall Partitions													
Air Freshner Dispenser													
<b>CHECK DAILY (replenish as necessary)</b>													
Towels													
Toilet Paper													
Soap													
Air Freshner													
<b>Work Completed by</b>													
<b>Work Inspected by</b>													

**REPORT ALL DISCREPANCIES TO THE FOREMAN**

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CONTR Initials:

OAI V5.0