**TOILET CLEANING CHECKLIST**

Date :

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Mirror Cleaned** | **Washstand Clean** | **Refill Soap** | **Empty Trash** | **Refill Paper Towels** | **Floor Cleaned** | **Refill Toilet Papers** | **Toilet Seat Cleaned** | **Officer** |
| 6:00 AM |  |  |  |  |  |  |  |  |  |
| 7:00 AM |  |  |  |  |  |  |  |  |  |
| 8:00 AM |  |  |  |  |  |  |  |  |  |
| 9:00 AM |  |  |  |  |  |  |  |  |  |
| 10:00 AM |  |  |  |  |  |  |  |  |  |
| 11:00 AM |  |  |  |  |  |  |  |  |  |
| 12:00 AM |  |  |  |  |  |  |  |  |  |
| 1:00 PM |  |  |  |  |  |  |  |  |  |
| 2:00 PM |  |  |  |  |  |  |  |  |  |
| 3:00 PM |  |  |  |  |  |  |  |  |  |
| 4:00 PM |  |  |  |  |  |  |  |  |  |
| 5:00 PM |  |  |  |  |  |  |  |  |  |
| 6:00 PM |  |  |  |  |  |  |  |  |  |
| 7:00 PM |  |  |  |  |  |  |  |  |  |
| 8:00 PM |  |  |  |  |  |  |  |  |  |
| 9:00 PM |  |  |  |  |  |  |  |  |  |
| 10:00 PM |  |  |  |  |  |  |  |  |  |
| 11:00 PM |  |  |  |  |  |  |  |  |  |
| 12:00 PM |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Remarks : |

Supervisor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_