**TOILET CLEANING CHECKLIST**

Date :

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

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

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