

Restroom Cleaning Checklist

Customize this restroom cleaning inspection checklist for the fixtures present, as well as your team’s areas of responsibility.

Location: _____ Date and time: _____

Custodian: _____ Signature: _____

Item	Description	<input checked="" type="checkbox"/>
Mirror	Clean and streak-free with no obvious smudges, splatters, or fingerprints	<input type="checkbox"/>
Sink	Clean faucet, bowl, and drain with no build-up or clogs	<input type="checkbox"/>
Hand dryer	Clean, without smudges or dust	<input type="checkbox"/>
Soap dispenser	Clean and refilled	<input type="checkbox"/>
Trash	Emptied within the day; exterior clean and free of smudges and streaks	<input type="checkbox"/>
Walls	Cleaned and dusted, including the top of the tile trim	<input type="checkbox"/>
Floors	Freshly cleaned, without dirt or debris, including baseboards; little to no build-up in corners	<input type="checkbox"/>
Door	Handle and vertical surface clean	<input type="checkbox"/>
Urinal	Clean, with no stains or drips	<input type="checkbox"/>
Toilet	Bowl, seat, handle, and exterior are all clean with no drips	<input type="checkbox"/>
Sanitary disposal unit or bags	Unit is clean without smudges or streaks, and the bag is replaced	<input type="checkbox"/>
Stall walls	Clean, with tops dusted	<input type="checkbox"/>
Toilet paper	Restocked, with clean dispenser	<input type="checkbox"/>
Lighting	Dust-free, with no burned-out bulbs	<input type="checkbox"/>

Other issues

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