

PUBLIC RESTROOM SANITATION INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Fixtures and Surfaces

- Yes No — Sinks, faucets, and counters are clean and sanitized
- Yes No — Toilets and urinals are scrubbed and free of stains
- Yes No — Mirrors and glass surfaces are streak-free and clear
- Yes No — Walls and partitions are wiped down and free of graffiti

Supplies and Dispensers

- Yes No — Soap dispensers are filled and functioning properly
- Yes No — Paper towel dispensers or hand dryers are operational
- Yes No — Toilet paper rolls are stocked and accessible
- Yes No — Feminine hygiene product dispensers are stocked

Floors and Waste

- Yes No — Floors are swept, mopped, and free of debris
- Yes No — Floor drains are clear and free of odors

Yes No — Trash receptacles are emptied and liners replaced

Yes No — Sanitary napkin bins are emptied and sanitized

Ventilation and Lighting

Yes No — Ventilation fans are working and vents are clean

Yes No — All light fixtures are functional and bright

Yes No — Air fresheners or odor control systems are active

Yes No — Room temperature and humidity levels are comfortable

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately