

Date: _____

Gents Toilets – Cleaning Checklist

(Initial each section when completed)

Time	Cubicle Cleaned	Urinals Cleaned	Empty Rubbish	Refill Soap	Refill Paper Towels	Floor Cleaned	Refill Toilet Paper
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 pm							
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 am							
1:00 am							
2:00 am							
3:00 am							

Dear Guest

If these toilets are not up to an acceptable standard, please inform a member of our staff.

Thank you.