J. Cleaning and Maintenance - Personal Hygiene Facilities

Instructions: *Instructions: Record cleaning and maintenance of both exterior and interior washrooms and hand washing facilities. Complete at least weekly (while in use) and daily during peak season for each facility.* ***Write N/A in column if not applicable to facility.*** *Cleaning includes toilet, sink, floor, paper towel dispenser, all handles (e.g., toilet handle, door knob, tap), etc.*

Type of Facility and Location: _____

Date and Time		Items to Inspect For (✓)						Employee Responsible for Cleaning (sign to confirm all cleaning completed) OR Person Confirming Cleaning Completed by a Company
	Assessment of Facilities (e.g., do toilets need emptying, are extra supplies needed, etc.) Check (✓) if assessment OK or after corrective action(s) taken (e.g., pumped toilets, stocked extra toilet paper, etc.)	Disposable Paper Towels	Soap	Water Source Operating (Hot and/or Cold Water)	Toilet Paper	Hand Sanitizer/ Wipes	Garbage Emptied	

Confirmation Signature: _____ ***Date:*** _____