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| **Daily Bathroom Cleaning Checklist**For the Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Task Completed** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Check** all paper products for inventory – toilet paper, paper towels – fill if needed |  |  |  |  |  |
| **Check** all soap dispensers and hand sanitizer – fill if needed  |  |  |  |  |  |
| **Scrub and disinfect** – sinks, countertops and rims |  |  |  |  |  |
| **Scrub and disinfect** – toilet bowls and urinals |  |  |  |  |  |
| **Disinfect** all rails – handicap rails, etc. |  |  |  |  |  |
| **Disinfect** – all dispensers |  |  |  |  |  |
| **Disinfect** all handles – front door, stall doors, etc. |  |  |  |  |  |
| **Clean** mirrors and any glass |  |  |  |  |  |
| **Dust** – Picture frames, mirror tops, door hinges, dispensers, overhead vents, etc. |  |  |  |  |  |
| **Empty and change** all trash bins |  |  |  |  |  |
| **Sweep & mop** the floor |  |  |  |  |  |
| **Monthly Bathroom Cleaning Checklist** |
| **Date and Time Completed** |
| **Air Fresheners** – Change as needed | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Floor Drains** – Pour bleach/water mix down drains | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |