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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location: ………………… | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Sunday | |
| DATE |  | |  | |  | |  | |  | |  | |
| TIME |  |  |  |  |  |  |  |  |  |  |  |  |
| TASK | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Toilet Paper |  |  |  |  |  |  |  |  |  |  |  |  |
| Hand Towel |  |  |  |  |  |  |  |  |  |  |  |  |
| Hand Soap |  |  |  |  |  |  |  |  |  |  |  |  |
| Empty Trash Bin |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Mirror |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Windows |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Face Basin |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Toilets and Urinals |  |  |  |  |  |  |  |  |  |  |  |  |
| Sweep and Mop Floors |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sanitation Personnel** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Inspector** |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location: ………………… | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Sunday | |
| DATE |  | |  | |  | |  | |  | |  | |
| TIME |  |  |  |  |  |  |  |  |  |  |  |  |
| TASKS | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Toilet Paper |  |  |  |  |  |  |  |  |  |  |  |  |
| Hand Towel |  |  |  |  |  |  |  |  |  |  |  |  |
| Hand Soap |  |  |  |  |  |  |  |  |  |  |  |  |
| Empty Trash Bin |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Mirror |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Windows |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Face Basin |  |  |  |  |  |  |  |  |  |  |  |  |
| Clean Toilets and Urinals |  |  |  |  |  |  |  |  |  |  |  |  |
| Sweep and Mop Floors |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sanitation Personnel** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Inspector** |  |  |  |  |  |  |  |  |  |  |  |  |

Please indicate Restroom cleaning or check by signing your first initial and last name in the am/pm column in the Sanitation Personnel row. Report to Factory, Production Manager or Maintenance personnel when toilet is out of use (not working).

Inspector Comments: ……………………………………………………………………………………………………………………………………………………