

Retail Restroom Sanitation Inspection Sheet

Store Location:

Inspector Name:

Date:

Time:

Restroom Area Checklist

Inspection Item	Pass	Fail	N/A	Comments
Floors clean and dry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Toilets & urinals clean and flushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Hand sinks/soap/towels well stocked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Waste bins not overflowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Mirrors and fixtures clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Odor free environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Inspector Remarks

Inspector Signature:

Date:

