

Housekeeping and Sanitation Audit Form

Date:

YYYY-MM-DD

Location/Area:

Specify area audited

Auditor Name:

Full name

Checklist Item	Yes	No	Remarks
Floors clean and free from litter/debris			
Garbage bins emptied and clean			
Restrooms sanitized and stocked			
Surfaces dusted (tables, shelves)			
Sanitizer and soap refilled			
Signage in place (e.g. handwash instructions)			

Observations / Comments:

Add any additional notes or findings

Auditor Signature :

Date:

YYYY-MM-DD

Supervisor Signature :

Date:

YYYY-MM-DD