Manufacturing Restroom Cleaning Record

Restroom Location

_____

Date

_____

Time	Checked By	Supplies Restocked	Toilets & Urinals Cleaned	Sinks Cleaned	Floors Cleaned	Trash Emptied	Comments/Issues	Signature
		☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐		