

# Toilet and Hand Washing Station Inspection Checklist

Location \_\_\_\_\_ Type: ☐ Permanent ☐ Portable\*

\* Safe disposal of waste must be documented

1 week period from (dd/mm/yy) \_\_\_\_\_ to (dd/mm/yy) \_\_\_\_\_

*Employee initials indicate task completed. Management signature indicates verification.*

Date	Time	Facilities are clean and sanitary	Toilets functioning properly / Supplied with toilet paper	Hand washing station functioning, Supplied with water, soap, disposable towels	Waste containers emptied	Hand washing sign posted

**Comments:**

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_