

Public Sanitation Facility: Inspection and Cleaning Record

Time	Date	Weekday	Male section (*)					Entrance area (*)					Cleaner's name	Signature	
			Toilets	Urinal	Shower	Wash basins	Floor	Toilets	Showers	Wash basins	Floor	Lobby			Disabled toilet/ Nappy room

*) : Please tick "X" if the inspection was carried out