



Restroom & Toilet Facility Maintenance Log

Location: _____

Date	Toilet & Hand Washing Facilities		Soap		Single-use Paper Towels		Toilet Paper		Trash Can		Potable Water		Employee's Initials
	Checked	Cleaned	Checked	Filled	Checked	Filled	Checked	Filled	Checked	Emptied	Checked	Filled	

Sheet Reviewed by: _____ on _____
(Management) (Date)