



**HYGIENE FACILITY INSPECTION – ABLUTION
CHECKLIST FOR TOILETS AND CHANGE ROOMS**

AREA:		INSPECTOR:							YEAR:			
LEGEND		1 – CLEAN 2 – DIRTY 3 – DAMAGED 4 – FAULTY 5 – MISSING										
REPORT ALL DEVIATIONS ON THE DEVIATION REPORT OF THE CURRENT MONTH												
CHECK	JAN	FEB	MA	APR	MA	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1. WATER SUPPLY CONTROL												
2. EFFLUENT												
3. PLUMBING												
4. HOUSEKEEPING												
5. WALLS												
6. FLOORS												
7. WINDOWS												
8. DOORS												
9. TOILET DOORS												
10. TOILET BOWLS & SEATS												
11. URINALS												
12. HAND DRYING FACILITIES												
13. SHOWERS												
14. HAND WASH BASINS												
15. SOAP												
16. TOILET PAPER												
17. SANITARY BINS												
18. DRAINS												
* Are all lights working?												
* Is any food kept in lockers?												
* Do any taps leak?												
* Do any toilets leak/overflow?												
* Are there enough waste bins?												
* Are there any bad odours?												
DATE												
INSPECTOR'S INITIALS												
SPOT CHECK/AUDIT												