



## OFFICE HYGIENE INSPECTION REPORT

**INSPECTOR:** \_\_\_\_\_

<b><u>CHECK</u></b>	<b><u>Clean</u></b>	<b><u>Dirty</u></b>	<b><u>Broken</u></b>
Toilet bowls/seats			
Urinals / drains			
Shower floors/walls			
Drains showers / basins			
Toilet roll dispensers			
Paper towels stocked			
She bins			
Change Rooms			
Lockers			
Floors			
Mirrors			
Rubbish bin areas			
Toilet handles/lids			
Toilet brushes			
Extractor Fans			
Odour			
Windows			
Window sills			
Shower mats			
OFFICES: desks, chairs, windows, tables, phones, kitchen areas			

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_