

CHECKLIST TOILETS

SUPERVISING TEACHER:

TOILET LOCATION:



DAILY CHECK

ARE TOILETS AND TOILET FACILITIES CLEANED & DISINFECTED?	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
According to the toilet cleaning & disinfecting procedures										
Remarks										
Date										
Time cleaned										
NAME & SIGNATURE	AM:		AM:		AM:		AM:		AM:	
	PM:		PM:		PM:		PM:		PM:	
ARE MATERIALS AVAILABLE IN THE TOILET FOR USERS?	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Water										
Soap										
Trash bin										
Toilet brush										
Dipper/bucket										
Remarks										
Date										
Time of checking										
NAME & SIGNATURE										

COMPLETED CHECKLIST VERIFIED BY:

SUPERVISING TEACHER

SCHOOL WinS COORDINATOR / SCHOOL HEAD

DATE SUBMITTED

MAKE SURE THIS POSTER AND THE STICKERS ARE VISIBLE

