

Washroom Cleaning Log

Hygiene Compliance Record

Compliance Notice: Many jurisdictions require employers to maintain and post washroom cleaning records for at least 12 months. Check your local OHS regulations for specific requirements.

FACILITY / BUILDING NAME	WASHROOM LOCATION / ID	DATE (DD/MM/YYYY)
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CLEANING VISITS — Complete one row for each cleaning visit

TIME IN/OUT	CLEANER NAME	Toilets / Urinals	Sinks / Taps	Floors Mopped	Mirrors / Surfaces	Soap / Paper	Bins Emptied	Odour Check	ISSUES NOTED	INIT.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ISSUES & CORRECTIVE ACTIONS END-OF-DAY SIGN-OFF

TIME	ISSUE DESCRIPTION	ACTION TAKEN	RESOLVED BY

All scheduled cleanings done?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Supplies restocked?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
All issues logged & actioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial

Supervisor / Manager Signature:	_____
Printed Name:	_____
Date Reviewed:	_____

Record Retention: Keep completed logs for a minimum of 12 months, stored in a binder or digitally. Must be available for inspection on request.

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