

SAFETY AND SANITATION CHECKLIST BATHROOMS

Name AM/PM _____ Date _____ Time _____

DAILY SAFETY CHECKLIST	100% Compliant	Action needed
HOUSEKEEPING		
All Areas: Neat, orderly, organized & free of hazards		
Surfaces Systematically checked: Floors, counters, toilets, sinks, mirrors, window sills, intact & clean (vacuumed, mopped, washed or dusted)		
Supplies refilled: soap, toilet paper, paper towels, tissue, Diapering needs		
Liquids In Secondary Containers Labeled		
Trash Cans: Emptied, clean, with liners		
Steps clean and in good repair:		
SAFETY		
Slip/Trip Hazards: Identified and removed (wet floor sign if needed)		
Spill Kits: Readily accessible with unbroken date stickers		
Cleaning/disinfecting bottles out of reach of children: (locked cabinets)		
Pipes covered if exposed:		

Certified by: signature _____