

**Toilet Check List**  
**Date.....**

**Premises Name.....**

Time	Supplies checked (C)/ refilled (R)	Cubicles Checked	Details of any action Taken/ Comments	Name and signature of staff
10:00am				
11:00am				
12:00am				
1:00pm				
2:00pm				
3:00pm				
4:00pm				
5:00pm				
6:00pm				
7:00pm				
8:00pm				
9:00pm				
10:00pm				
11:00pm				
12:00pm				
1:00am				
2:00am				

**If these toilets are not up to an acceptable standard please speak to a member of staff and we shall do our best to sort any problems out.**  
**Please contact a member of staff if any suspicious substances are seen or found in these toilets.**  
**MANY THANKS**