

Restroom Inspection Report Card for Vehicle Operators [Drivers]

Item		Comments			
Restroom name and location					
Date					
Name (optional)					
Available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Locks working?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is the facility clean/sanitary?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is the toilet clean/sanitary?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Supplies available?					
Soap	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Towels	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Toilet paper	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Water Temperature:					
Warm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Cold	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
No Water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Any security concerns?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Lighting: in facility					
Adequate	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Needs repair	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Maintenance or repair needed?					
Toilet	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Lights	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Fans	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Heat	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
A/C ²	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	