

# Restroom Inspection Report Card for Field Inspections

Item		Comments			
Restroom name					
Address					
Contact name					
Email address					
Date and time inspected					
Available as agreed?	Yes		No		
Reason for closure and date of closure:					
Weekday hours					
Saturday/Sunday hours					
Holiday hours					
Locks working?	Yes		No		
Is the overall facility clean/sanitary?	Yes		No		
Is the toilet itself clean/sanitary?	Yes		No		
<b>Adequate supplies available?</b>					
Soap	Yes		No		
Towels	Yes		No		
Toilet paper	Yes		No		
<b>Water Temperature:</b>					
Warm	Yes		No		
Cold	Yes		No		
No Water	Yes		No		
<b>Lighting: pathway from bus:</b>					
Adequate	Yes		No		
Needs repair	Yes		No		
<b>Lighting: in facility</b>					
Adequate	Yes		No		
Needs repair	Yes		No		
Any security concerns?	Yes		No		
<b>Maintenance or repair needed?</b>					
Toilet	Yes		No		
Lights	Yes		No		
Fans, A/C, heat	Yes		No		
Floors or walls	Yes		No		

