

# FINDER / INSPECTION FACILITIES

<b>CONTACTS</b>	<b>Information</b>	<b>Comments</b>
Owner		
Address		
City, State		
Zip		
Email		
Phone		
Email Address		
Contact name		

<b>All Elements</b>	<b>Information</b>	<b>Comments</b>
Restroom Location		
Route to be served		
Stop to be served		
Owner type		
Restroom type		

Additional comments: \_\_\_\_\_  
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<b>FACILITY UPDATE</b>	<b>Information</b>			<b>Comments</b>	
Weekday Hours:	Open:		Close:		
Sat/Sun Hours	Open:		Close:		
Holiday Hours:	Open:		Close:		
Is the overall location clean/ sanitary/safe?	Yes		No		
Is the toilet itself clean/ sanitary?	Yes		No		
Water Temperature	Warm	Cold	No Water		
Lighting – pathway from bus	Yes		No		
Lighting – in facility	Yes		No		
Any security concerns?	Yes		No		
Maintenance or repair needed (lock, fan, walls, floor etc.)?	Yes		No		
Supplies Available: Soap?	Yes		No		
Supplies Available: Towels?	Yes		No		
Supplies Available: Toilet Paper?	Yes		No		
Hand dryer	Paper towel	Blower	None		
Fixture for feminine hygiene?	Yes		No		

<b>NEW FACILITIES</b>	<b>Information</b>				<b>Comments</b>
Distance from route to RR	Yes		No		
Are there stairs or other barriers?	Yes		No		
Is the location fully accessible for disabled people?	Yes		No		
Is the facility shared with the public?	Yes		No		
Does the operator have to ask to use facility?	Yes		No		
Is there an electric power source for lights/heat etc.?	Yes		No		
How many stalls or units?					
Number of Units Designated for men					
Number of Units Designated for women					
Number of Units Gender not designated					
<b>Lock type:</b>					
Bolt	Yes		No		
Key	Yes		No		
Card	Yes		No		
Code	Yes		No		
Missing or broken	Yes		No		
<b>Does the facility have:</b>					
Toilet	Yes		No		
Urinal	Yes		No		
Both	Yes		No		
How many sinks are there?					
<b>Hand dryer:</b>					
Paper towel	Yes		No		
Blower	Yes		No		
None	Yes		No		
Fixture for feminine hygiene?	Yes		No		
Is there a trash can available?	Yes		No		