PRIMECH A & P

# Area Checklist Report

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|---|---|
| **Checked Date** | 2025-03-03 |
| **Location** | Block 4 |
| **Form Name** | Block 1 - 8 Female Toilet Checklist |

| Check Area Name | Check Element Name | Check 1 | Check 2 | Check 3 | Check 4 | Check 5 | Check 6 | Total Checks Done |
|---|---|---|---|---|---|---|---|---|
| **Time of Check** | | **09:04** | | | | | | **1** |
| IT4-6-75 Female (04528FF2007481) | Smell | ✔ | | | | | | |
| | Airfreshener | ✔ | | | | | | |
| | Floor | ✔ | | | | | | |
| | Litter Bin | ✔ | | | | | | |
| | Wall | ✔ | | | | | | |
| | Basin | ✔ | | | | | | |
| | Mirror | ✔ | | | | | | |
| | Vanity Top | ✔ | | | | | | |
| | Handsoap / Dispenser | ✔ | | | | | | |
| | Toilet Roll | ✔ | | | | | | |
| | Sanitary Bin | ✔ | | | | | | |
| | Toilet Bowl | ✔ | | | | | | |
| | Hand dryer | ✔ | | | | | | |
| | Partition | ✔ | | | | | | |
| | Ceiling Ventilator / Light | ✔ | | | | | | |
| | Signage | ✔ | | | | | | |
| **Time of Check** | | **09:11** | | | | | | **1** |
| IT4-3-72 Female (04618FF2007481) | Smell | ✔ | | | | | | |
| | Airfreshener | ✔ | | | | | | |
| | Floor | ✔ | | | | | | |
| | Litter Bin | ✔ | | | | | | |
| | Wall | ✔ | | | | | | |
| | Basin | ✔ | | | | | | |
| | Mirror | ✔ | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Vanity Top | ✔ | | | | | | |
| | Handsoap / Dispenser | ✔ | | | | | | |
| | Toilet Roll | ✔ | | | | | | |
| | Sanitary Bin | ✔ | | | | | | |
| | Toilet Bowl | ✔ | | | | | | |
| | Hand dryer | ✔ | | | | | | |
| | Partition | ✔ | | | | | | |
| | Ceiling Ventilator / Light | ✔ | | | | | | |
| | Signage | ✔ | | | | | | |