PRIMECH A & P

# Area Checklist Report

**Checked Date** 2023-08-22

**Location** Block 26

**Form Name** Block 26 Male 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** | | **08:08** | | | | | | **1** |
| BS26-3-29/1 Male (04858FF2007481) | Smell | ✔ | | | | | | |
| | Airfreshener | ✔ | | | | | | |
| | Floor | ✔ | | | | | | |
| | Litter Bin | ✔ | | | | | | |
| | Wall | ✔ | | | | | | |
| | Basin | ✔ | | | | | | |
| | Mirror | ✔ | | | | | | |
| | Vanity Top | ✔ | | | | | | |
| | Handsoap / Dispenser | ✔ | | | | | | |
| | Toilet Roll | ✔ | | | | | | |
| | Toilet Bowl | ✔ | | | | | | |
| | Urinal Bowl | ✔ | | | | | | |
| | Hand dryer | ✔ | | | | | | |
| | Partition | ✔ | | | | | | |
| | Ceiling Ventilator / Light | ✔ | | | | | | |
| | Signage | ✔ | | | | | | |
| **Time of Check** | | **08:14** | | | | | | **1** |
| BS26-3-55 Male (04138AF2007480) | Smell | ✔ | | | | | | |
| | Airfreshener | ✔ | | | | | | |
| | Floor | ✔ | | | | | | |
| | Litter Bin | ✔ | | | | | | |
| | Wall | ✔ | | | | | | |
| | Basin | ✔ | | | | | | |
| | Mirror | ✔ | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Vanity Top | ✔ | | | | | | |
| | Handsoap / Dispenser | ✔ | | | | | | |
| | Toilet Roll | ✔ | | | | | | |
| | Toilet Bowl | ✔ | | | | | | |
| | Urinal Bowl | ✔ | | | | | | |
| | Hand dryer | ✔ | | | | | | |
| | Partition | ✔ | | | | | | |
| | Ceiling Ventilator / Light | ✔ | | | | | | |
| | Signage | ✔ | | | | | | |
| **Time of Check** | | **08:25** | | | | | | **1** |
| BS26-2-25 Male (041166F2007481) | Smell | ✔ | | | | | | |
| | Airfreshener | ✔ | | | | | | |
| | Floor | ✔ | | | | | | |
| | Litter Bin | ✔ | | | | | | |
| | Wall | ✔ | | | | | | |
| | Basin | ✔ | | | | | | |
| | Mirror | ✔ | | | | | | |
| | Vanity Top | ✔ | | | | | | |
| | Handsoap / Dispenser | ✔ | | | | | | |
| | Toilet Roll | ✔ | | | | | | |
| | Toilet Bowl | ✔ | | | | | | |
| | Urinal Bowl | ✔ | | | | | | |
| | Hand dryer | ✔ | | | | | | |
| | Partition | ✔ | | | | | | |
| | Ceiling Ventilator / Light | ✔ | | | | | | |
| | Signage | ✔ | | | | | | |
| **Time of Check** | | **08:31** | | | | | | **1** |
| BS26-2-22 Male (046B65F2007481) | Smell | ✔ | | | | | | |
| | Airfreshener | ✔ | | | | | | |
| | Floor | ✔ | | | | | | |
| | Litter Bin | ✔ | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Wall | ✔ | | | | | | |
| | Basin | ✔ | | | | | | |
| | Mirror | ✔ | | | | | | |
| | Vanity Top | ✔ | | | | | | |
| | Handsoap / Dispenser | ✔ | | | | | | |
| | Toilet Roll | ✔ | | | | | | |
| | Toilet Bowl | ✔ | | | | | | |
| | Urinal Bowl | ✔ | | | | | | |
| | Hand dryer | ✔ | | | | | | |
| | Partition | ✔ | | | | | | |
| | Ceiling Ventilator / Light | ✔ | | | | | | |
| | Signage | ✔ | | | | | | |
| **Time of Check** | | **08:40** | | | | | | **1** |
| BS26-1-61 Male (042E66F2007481) | Smell | ✔ | | | | | | |
| | Airfreshener | ✔ | | | | | | |
| | Floor | ✔ | | | | | | |
| | Litter Bin | ✔ | | | | | | |
| | Wall | ✔ | | | | | | |
| | Basin | ✔ | | | | | | |
| | Mirror | ✔ | | | | | | |
| | Vanity Top | ✔ | | | | | | |
| | Handsoap / Dispenser | ✔ | | | | | | |
| | Toilet Roll | ✔ | | | | | | |
| | Toilet Bowl | ✔ | | | | | | |
| | Urinal Bowl | ✔ | | | | | | |
| | Hand dryer | ✔ | | | | | | |
| | Partition | ✔ | | | | | | |
| | Ceiling Ventilator / Light | ✔ | | | | | | |
| | Signage | ✔ | | | | | | |
| **Time of Check** | | **08:40** | | | | | | **1** |
| BS26-1-60 Female (041B89F2007480) | Smell | ✔ | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| | Airfreshener | ✔ | | | | | | |
| | Floor | ✔ | | | | | | |
| | Litter Bin | ✔ | | | | | | |
| | Wall | ✔ | | | | | | |
| | Basin | ✔ | | | | | | |
| | Mirror | ✔ | | | | | | |
| | Vanity Top | ✔ | | | | | | |
| | Handsoap / Dispenser | ✔ | | | | | | |
| | Toilet Roll | ✔ | | | | | | |
| | Sanitary Bin | ✔ | | | | | | |
| | Toilet Bowl | ✔ | | | | | | |
| | Hand dryer | ✔ | | | | | | |
| | Partition | ✔ | | | | | | |
| | Ceiling Ventilator / Light | ✔ | | | | | | |
| | Signage | ✔ | | | | | | |