PRIMECH A & P

Area Checklist Report

Checked Date	2024-02-15
Location	Block 41
Form Name	Block 41 to 45 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		**07:58**	**14:23**					**2**
HANDICAP TOILET	Smell	✓	✓					
	Airfreshener	✓	✓					
	Floor	✓	✓					
	Litter Bin	✓	✓					
	Wall	✓	✓					
	Basin	✓	✓					
	Mirror	✓	✓					
	Vanity Top	✓	✓					
	Handsoap / Dispenser	✓	✓					
	Toilet Roll	✓	✓					
	Sanitary Bin	✓	✓					
	Toilet Bowl	✓	✓					
	Hand dryer	✓	✓					
	Ceiling Ventilator / Light	✓	✓					
	Hand Railing	✓	✓					
	Signage	✓	✓					