PRIMECH A & P

Area Checklist Report

Checked Date	2024-08-14
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		**14:20**						**1**
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	✔						