PRIMECH A & P

# Area Checklist Report

| | |
|---|---|
| **Checked Date** | 2025-02-12 |
| **Location** | Block 45 |
| **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** | | **11:53** | | | | | | **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 | ✔ | | | | | | |