PRIMECH A & P

# Area Checklist Report

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|---|---|
| **Checked Date** | 2025-02-14 |
| **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** | | **09:25** | **09:25** | **02:17** | | | | **3** |
| 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 | ✓ | ✓ | ✓ | | | | |