PRIMECH A & P

# Area Checklist Report

**Checked Date** 2024-11-21

**Location** Block 9 A

**Form Name** Block 9 Female 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** | | **16:00** | | | | | | **1** |
| AD9A-1-12 Female (040D8BF2007480) | Smell | ✔ | | | | | | |
| | Airfreshener | ✔ | | | | | | |
| | Floor | ✔ | | | | | | |
| | Litter Bin | ✔ | | | | | | |
| | Wall | ✔ | | | | | | |
| | Basin | ✔ | | | | | | |
| | Mirror | ✔ | | | | | | |
| | Vanity Top | ✔ | | | | | | |
| | Handsoap / Dispenser | ✔ | | | | | | |
| | Toilet Roll | ✔ | | | | | | |
| | Sanitary Bin | ✔ | | | | | | |
| | Toilet Bowl | ✔ | | | | | | |
| | Hand dryer | ✔ | | | | | | |
| | Partition | ✔ | | | | | | |
| | Ceiling Ventilator / Light | ✔ | | | | | | |
| | Signage | ✔ | | | | | | |
| | 1 F | ✔ | | | | | | |
| | 10 F | ✔ | | | | | | |
| | 11 F | ✔ | | | | | | |
| | 12 F | ✔ | | | | | | |
| | 2 F | ✔ | | | | | | |
| | 4 F | ✔ | | | | | | |
| | 5 F | ✔ | | | | | | |
| | 6 F | ✔ | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 7 F | ✔ | | | | | | |
| | 8 F | ✔ | | | | | | |
| | 9 F | ✔ | | | | | | |
| | 3 F | ✔ | | | | | | |