

Bathroom Inspection Form

(To Be Kept In House)

House: _____ Bathroom #: _____

Officers - Initial/Sign-Off Below

Bathroom Area	Date	Clean?	Problem?	Fined?
Shower Stall/Tub				
Bathroom Floor				
Toilets				
Counter-Top				
Sinks				
Mirrors				
Exhaust Fan				
Window Sill & Blinds				
Bathroom Mats/Rugs				
Shower Curtain/Liner				

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