

Employee Restroom Log

DATE: _____

Time	Initials	Cleaned	Stocked	Time	Initials	Cleaned	Stocked	Time	Initials	Cleaned	Stocked
11 pm				7 am				3 pm			
12 am				8 am				4 pm			
1 am				9 am				5 pm			
2 am				10 am				6 pm			
3 am				11 am				7 pm			
4 am				12 pm				8 pm			
5 am				1 pm				9 pm			
6 am				2 pm				10 pm			

Note: This form is required to be filled out on an hourly basis!
 Use the boxes (cleaned / stocked) for check marks and / or work done.

Comments: _____

