



Locker Room Inspection Checklist

Directions: Please fill out the date and time the inspection began. Place your initials in each row for each task that was completed or verified during the inspection. If any irregularities were discovered during the inspection please leave notes in the attached sheet. Be as thorough as possible with your notes.

DATE	1/1/13																	
TIME	1:23P																	
No standing water	ABC																	
Floor clear of debris	ABC																	
No suspicious persons	ABC																	
No inappropriate behavior	ABC																	
No electronic devices in use	ABC																	
Shower area clean and safe	ABC																	
Sauna area clean and safe	ABC																	
Hot tub clean and safe	ABC																	
Restrooms clean and safe	ABC																	
No bags or unattended items	ABC																	
Towel bins emptied	ABC																	
Garbage cans emptied	ABC																	
Supplies restocked	ABC																	
Custom	ABC																	
Custom	ABC																	
Custom	ABC																	
Custom	ABC																	

Supervisor Signoff: _____ **Date:** _____

