

Bathroom Cleaning Task Organizer Sheet

Date: _____

Cleaner: _____

Name _____

Task	Completed	Comments
Clean sink and countertop	<input type="checkbox"/>	Comments _____
Scrub toilet (inside and out)	<input type="checkbox"/>	Comments _____
Clean shower/tub	<input type="checkbox"/>	Comments _____
Wipe mirrors	<input type="checkbox"/>	Comments _____
Clean floors	<input type="checkbox"/>	Comments _____
Empty trash bin	<input type="checkbox"/>	Comments _____
Refill toiletries	<input type="checkbox"/>	Comments _____
Wipe light switches and handles	<input type="checkbox"/>	Comments _____

Additional Notes:

Write any additional information here...