

# Sample bathroom cleaning checklist



Date	Time cleaned	Cleaned by	Bathroom clean?
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No
	AM PM		<input type="checkbox"/> Yes <input type="checkbox"/> No

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