

# Preventive Maintenance Checklist: Bathroom

For hotel facility managers and housekeeping supervisors

Bathrooms are the most complaint-sensitive area in any hospitality property. This checklist targets the specific inspection points that prevent the most common guest complaints: plumbing failures, dispenser issues, odor problems, and surface deterioration.

Property: \_\_\_\_\_

Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Shift: \_\_\_\_\_

Frequency Guide: ■ indicates recommended frequency. D = Daily | W = Weekly | M = Monthly | Q = Quarterly

Checklist Item	Daily	Weekly	Monthly	Quarterly
Test water pressure and temperature at all fixtures (sink, shower, tub)	■			
Check drain flow rate at sink, shower, and tub	■			
Inspect toilet for proper flush, fill, and seal	■			
Verify all amenity dispensers are filled, functional, and clog-free	■			
Check towel bars, hooks, robe hooks, and shower rod for stability	■			
Inspect mirrors for cleanliness and secure mounting	■			
Test exhaust fan for adequate airflow and quiet operation	■	■		
Inspect caulk and grout for discoloration, mold, or deterioration		■		
Check under-sink area for leaks, moisture, or mold		■		
Inspect showerhead for buildup, leaks, or reduced flow		■		
Test bathroom lighting (vanity, overhead, nightlight)	■			
Check tile surfaces for cracks, chips, or loose grout			■	
Inspect all plumbing connections for corrosion or mineral buildup			■	
Deep-clean drains (enzymatic or mechanical treatment)			■	
Inspect and recaulk wet areas as needed				■
Descale showerheads and faucet aerators				■
Assess fixture condition for replacement needs (handles, faucets, drains)				■

**Notes:**

- Slow drains should be flagged immediately and addressed within 24 hours.
- Any sign of mold requires same-day escalation to maintenance supervisor.
- Dispensers: verify correct product in each position (shampoo, conditioner, body wash).
- For bulk dispenser sourcing, see [amenie.com/bulk-shower-dispensers](https://amenie.com/bulk-shower-dispensers).

Supervisor Sign-Off: \_\_\_\_\_

Date: \_\_\_\_\_

Follow-Up Required?  Yes  No

Work Order #: \_\_\_\_\_

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