

Name:	
Location:	

Date:

Building/Floor 1:	
Number of restrooms	0
Number of stalls	0
Building/Floor 2:	
Number of restrooms	0
Number of stalls	0
Building/Floor 3:	
Number of restrooms	0
Number of stalls	0
Building/Floor 4:	
Number of restrooms	0
Number of stalls	0
Building/Floor 5:	
Number of restrooms	0
Number of stalls	0
Building/Floor 6:	
Number of restrooms	0
Number of stalls	0
Total	
Number of restrooms	0
Number of stalls	 0