



Hand Washing Facility Assessment Form

SCHOOL INFORMATION	
School Sample Code Number:	Date:

Bathroom #1	<input type="checkbox"/> Male or <input type="checkbox"/> Female
Number of hand sinks: _____	
Number of soap dispensers: _____	
Number of soap dispensers with product: _____	
Faucets:	Faucet Handle:
<input type="checkbox"/> Automatic (# ___)	<input type="checkbox"/> Single (# ___)
<input type="checkbox"/> Manual (# ___)	<input type="checkbox"/> Double (# ___)
10 second temperature reading: _____°F	
60 second temperature reading: _____°F	
Soap Available:	Sanitizer Available:
<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Paper Towels:	Air Dryer:
<u>Available?</u>	<u>Available?</u>
<input type="checkbox"/> Yes <input type="checkbox"/> Auto (# ___)	<input type="checkbox"/> Yes <input type="checkbox"/> Auto (# ___)
<input type="checkbox"/> No <input type="checkbox"/> Manual (# ___)	<input type="checkbox"/> No <input type="checkbox"/> Manual (# ___)
Exit door:	
<input type="checkbox"/> Knob <input type="checkbox"/> Handle <input type="checkbox"/> Push plate <input type="checkbox"/> No Door	
Prompts/signage for hand washing:	
<input type="checkbox"/> Yes or <input type="checkbox"/> No	
OTHER COMMENTS/OBSERVATIONS	

Bathroom #2	<input type="checkbox"/> Male or <input type="checkbox"/> Female
Number of hand sinks: _____	
Number of soap dispensers: _____	
Number of soap dispensers with product: _____	
Faucets:	Faucet Handle:
<input type="checkbox"/> Automatic (# ___)	<input type="checkbox"/> Single (# ___)
<input type="checkbox"/> Manual (# ___)	<input type="checkbox"/> Double (# ___)
10 second temperature reading: _____°F	
60 second temperature reading: _____°F	
Soap Available:	Sanitizer Available:
<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Paper Towels:	Air Dryer:
<u>Available?</u>	<u>Available?</u>
<input type="checkbox"/> Yes <input type="checkbox"/> Auto (# ___)	<input type="checkbox"/> Yes <input type="checkbox"/> Auto (# ___)
<input type="checkbox"/> No <input type="checkbox"/> Manual (# ___)	<input type="checkbox"/> No <input type="checkbox"/> Manual (# ___)
Exit door:	
<input type="checkbox"/> Knob <input type="checkbox"/> Handle <input type="checkbox"/> Push plate <input type="checkbox"/> No Door	
Prompts/signage for hand washing:	
<input type="checkbox"/> Yes or <input type="checkbox"/> No	
OTHER COMMENTS/OBSERVATIONS	