

HYGIENE CHECKLIST

Name:	Date:	Monday	Tuesday	Wednesday	Thursday	Friday
Watch/Time 						
Wallet/Purse 						
ID/Lunch Card 						
Sanitary Napkin 						
Proper Clothes 						
Shower/Bath 						
Wash Face 						
Brush Teeth 						
Deodorant 						
Clean/comb hair 						
Clean fingernails 						
Clean Underwear 						
Metro pass 						
Weather Attire/ Items 						
Staff Initial						