

Date: _____ Name: _____ Time: _____

HALL INSPECTION REPORT

	PRIOR TO USE	AFTER USE	FEE TO RESTORE \$25 per hour (1 Hour Minimum)
DATE: _____	_____	_____	_____
INSPECTOR: _____	_____	_____	_____
Restrooms Have Paper, Soap, Toilets Flushed.	_____	_____	_____
Restrooms Cleaned and Damp-Mopped	_____	_____	_____
Trash Bagged and Removed to Outside Containers	_____	_____	_____
Tables and Chairs Returned to Original Location	_____	_____	_____
Kitchen Appliances, Counters, Sinks Cleaned	_____	_____	_____
All Floors Damp-Mopped	_____	_____	_____
Lights Off, Doors and Windows Locked	_____	_____	_____
Heat Set to 65 Degrees/Air Conditioning Off	_____	_____	_____
Exterior Area Cleaned of Cigarette Butts, cans, bottles, paper etc	_____	_____	_____
All Other Areas Returned to Pre-Use Condition	_____	_____	_____
Key Returned: Date and Time _____ (Lost Keys Require \$250.00 Fee to Change Locks and Keys)	_____	_____	_____

Missing/Damaged Items/Other: _____

Agreed Date and Time Facility to be Returned to Pre-Use Condition: _____

Yes _____ No _____

Deposit Returned: ____/____/____ Amount: \$ _____