

Amenities	Yes	No	N/A	Actions Required / Comments
Are windows closed and locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have air conditioners been turned off and are vents closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have drink and ice machines been turned off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has outside furniture been placed inside or otherwise secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have rubbish bins been emptied and stored inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all doors been locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all doors been emptied and turned off of power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all paper towel and soap dispensers been adequately stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has all electrical equipment been turned off at the power source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have internal and external doors been closed and locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plant and Equipment	Yes	No	N/A	Actions Required / Comments

SAMPLE

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Have all windows been closed and locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all air conditioners been turned off and are vents closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all drink and ice machines been turned off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all outside furniture been placed inside or otherwise secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all rubbish bins been emptied and stored inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all doors been locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all doors been emptied and turned off of power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all paper towel and soap dispensers been adequately stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has all electrical equipment been turned off at the power source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have internal and external doors been closed and locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Name: Additional Comments:

A copy of this report will be provided to the client within 24 hours of completion.