



# Kentish Council Facility Inspection Record

Prior to leaving the facility as the hirer it is your obligation to leave it clean and safe.

Organisation Name: .....

Facility:..... Date of hire: .....

Comments (if applicable)

- |                                  |                              |                             |                             |       |
|----------------------------------|------------------------------|-----------------------------|-----------------------------|-------|
| Facility clean                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| Toilet clean                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| Carpets clean                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| Linoleum clean                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| Rubbish removed                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| Equipment stored correctly       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| Emergency exits clear            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| Fire fighting equipment in place | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| Safety instructions provided     | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| Structural damage                | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| Equipment loss or damage         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |
| All doors locked                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input type="checkbox"/> | ..... |

Name:.....

(print name)

Signed:.....

Date:.....

Please return completed form to Kentish Council, 69 High Street, Sheffield TAS 7306.