

Proof of Facility Inspection Report

Date of Inspection:

Facility Name:

Facility Address:

Inspected By (Name & Position):

Inspection Findings:

Item Checked	Status	Remarks
Cleanliness	<input type="text"/>	<input type="text"/>
Equipment Condition	<input type="text"/>	<input type="text"/>
Safety Compliance	<input type="text"/>	<input type="text"/>
Fire Exits	<input type="text"/>	<input type="text"/>

Summary and Recommendations:

Date:

Inspector's Signature