

THE STATION INSPECTION REPORT

Date:		
Resident Name:		
Building:		
Apartment:		
Start Time:		
Finish Time:		
breakages and damage	·	and in order with all/any
Pre-function inspection	L	
Resident:	Security officer:	
Date:	Date:	
Post-function inspectio	<u>n</u>	
Resident:	Security officer	
Date:	Date:	

Equipment, tidiness, cleaning and damage inspection

<u>Kitchen</u>

Equipment	Pre	Post	Comments if required
Bench Tops			
Cupboards			
Microwave			
Oven			
Refrigerator			
Cook top			
Exhaust			
Dishwasher			

Equipment	Pre	Post	Comments if required
Zip Hot water			
Cutlery (washed & packed away)			
Glassware (washed & packed away)			
Cups			
Saucers			
Milk jugs			
Sugar bowls			
Floors (swept & mopped)			
Garbage (emptied & taken away)			
Bathrooms			
Bathrooms Equipment	Pre	Post	Comments if required
Equipment	Pre	Post	Comments if required
	Pre	Post	Comments if required
Equipment Floors (swept & mopped)	Pre	Post	Comments if required
Equipment Floors (swept & mopped) Hand Basins (clean)	Pre	Post	Comments if required
Equipment Floors (swept & mopped) Hand Basins (clean)	Pre	Post	Comments if required
Equipment Floors (swept & mopped) Hand Basins (clean)	Pre	Post	Comments if required
Equipment Floors (swept & mopped) Hand Basins (clean) Breakages/Damages:	Pre	Post	Comments if required
Equipment Floors (swept & mopped) Hand Basins (clean) Breakages/Damages:			

if required

Document to be referred to Estate Management after the inspection if there is a problem.