



## THE STATION INSPECTION REPORT

**Date:** .....  
**Resident Name:** .....  
**Building and Unit:** .....  
**Start time:** ..... **Finish Time:** .....

Both parties agree The Station has been left clean and tidy and in order with all/any breakages and damages reported.

### Pre-function inspection

**Resident:** ..... **Security officer:** .....  
**Date:** ..... **Date:** .....

### Post-function inspection

**Resident:** ..... **Security officer:** .....  
**Date:** ..... **Date:** .....

### Equipment, tidiness, cleaning and damage inspection

#### Kitchen

| 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)   |     |      |                      |

**Breakages/Damages:**

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**Bathrooms**

| Equipment               | Pre | Post | Comments if required |
|-------------------------|-----|------|----------------------|
| Floors (swept & mopped) |     |      |                      |
| Hand Basins (clean)     |     |      |                      |

**Breakages/Damages:**

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**Hall**

| Equipment             | Pre | Post | Comments if required |
|-----------------------|-----|------|----------------------|
| Chairs (stacked away) |     |      | Not Count            |
| Tables (stacked away) |     |      |                      |

| Equipment                          | Pre | Post | Comments if required |
|------------------------------------|-----|------|----------------------|
| Whiteboard (stacked away)          |     |      |                      |
| Blinds (drawn & intact)            |     |      |                      |
| Walls (wiped down and no stickies) |     |      |                      |
| Floors (swept & mopped)            |     |      |                      |

**Breakages/Damages:**

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**AV System**

| Equipment  | Pre | Post | Comments if required |
|--|-----|------|----------------------|
| Touch screen – All zones off   |     |      |                      |
| Display screen up<br>(If not report to Security)                     |     |      |                      |
| Projector pointing at the screen (need to switch on at wall to test) |     |      |                      |
| Microphones, chargers etc returned in box to Security                |     |      |                      |
| Shelf in AV area (nothing left and wiped clean)                      |     |      |                      |
| HDMI, VGA and Audio cables (back on wall hooks)                      |     |      |                      |

**Breakages/Damages:**

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***NB Please note only use ticks ✓ or crosses X in this inspection report.***

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