

RENTAL INSPECTION CHECK LIST FOR CUSTODIAN OR SUPERVISOR

Organization/Individual renting facility_____

Person conducting inspection_____

Date of inspection_____

This inspection should be done after each rental to ensure that the facility is returned to the proper condition.

The building was secure and left in original condition (If answer is "Yes", you won't need to go any further)	YES	NO
Garbage was picked up and emptied in outside trash can	YES	NO
Floors were vacuumed (If applicable)	YES	NO
Floors were swept and spills mopped up (If applicable)	YES	NO
Bleachers were swept (If applicable)	YES	NO
Tables were cleaned (If applicable)	YES	NO
Chairs were stacked (If applicable)	YES	NO
Toilets in restroom were flushed	YES	NO
All faucets in restroom were turned off	YES	NO
Lights in restroom were turned off	YES	NO
Building was left secure (windows closed, doors locked)	YES	NO

Please state below any conditions you found not acceptable or any damages.
