

TRIM Reference: _____



POST HIRE PREMISE INSPECTION REPORT

Date/Time: _____

Inspector: _____

Premises: _____

| CHECKED | Y/N | COMMENTS |
|---------------------|-----|--------------|
| Toilets | | |
| Tables | | <i>Count</i> |
| Chairs | | <i>Count</i> |
| Fridge | | |
| Stove | | |
| Kitchen | | |
| Windows | | |
| Doors | | |
| Floors | | |
| Cleaning Implements | | |
| Other | | |

COMMENTS

Signature: _____

OFFICE USE

Bond Returned: _____

Amount Returned: _____

Amount Withheld: _____

Comments: _____

Signature: _____

Date: _____