

SAN JOSE BUDDHIST CHURCH BETSUI
**Facilities Use Inspection Report for
Cottage and Education Building**

Name of Organization: _____

Person Making Inspection: _____

Date(s) and Time(s) of Inspection: _____

Activity: _____

Facility(ies) and Room Used: _____

<u>BEFORE</u>	<u>AFTER</u>	
_____	_____	FLOOR/CARPET CLEAN
_____	_____	GAS LINE SWITCH OFF - COTTAGE
_____	_____	HEATER OR AC TURNED OFF
_____	_____	LIGHTS TURNED OFF
_____	_____	TRASH REMOVED FROM ROOM/BLDG
_____	_____	CHAIRS AND TABLES IN PLACE
_____	_____	WHITEBOARD CLEAN
_____	_____	ALL WINDOWS CLOSED AND LOCKED
_____	_____	ALL EXIT DOORS CLOSED AND LOCKED
_____	_____	RESTROOM(S) CLEANED AND LOCKED, IF USED (For Cottage: Do not lock restroom door)

Comments: _____

Signature of Last Inspector: _____

Telephone Number: () _____ E-mail address: _____

*****FOR OFFICE USE ONLY*****

ACTION TAKEN: _____

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Cut on Dotted Lines