



INSPECTION

<Your Company Name>

www.yourcompany.com



No.
00003

Location Name

Central City

Address

123 Main St.

City

Fresno

State

California

Zip Code

12345

Inspection Time

03:45 PM

Inspector Name

steven Martinez

GPS Location



Halls

Hall Item	Pass	Fail	Comments	Photo
Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Walls and Ceilings	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Lighting and Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Kitchen

Kitchen Item	Pass	Fail	Comments	Photo
Free of trash	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Food boxes off floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1 person ServSafe approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Outside Area

Outside Item	Pass	Fail	Comments	Photo
Exterior locks	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Landscaping	<input checked="" type="checkbox"/>	<input type="checkbox"/>		



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Outside Item	Pass	Fail	Comments	Photo
Dumpster	<input checked="" type="checkbox"/>	<input type="checkbox"/>		



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Summary

Overall Comments

Inspection Passed!

Signature

Date

09/18/2019