

## INSPECTION FORM

**VENUE NAME:**

**DATE:**

ITEMS	CONDITION BEFORE THE EVENT	CONDITION AFTER THE EVENT
WALL		
FLOOR		
WINDOWS		
DOOR HANDLES		
DOORS		
ROOF		
LIGHTS		
AIRCON		
MICROPHONE		
PROJECTOR		
SCREEN		
TOILETS		
TOILET POTS		
TOILET BASINS		
TOILET TAPS		
TOILET FLOORS		
TOILET MIRRORS		
NUMBER OF CHAIRS		
NUMBER OF ROUND TABLES		
NUMBER OF STEEL TABLES		
KEYS		

Please sign and date below to confirm that you have received all equipment in working order and without damage and that the hall has been handed to you in good condition with no damages.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_