

Top Gun Pressure Washing
Parking Garages and Lots Inspection Form

Date: _____ Print name of Inspector: _____ DIV: _____

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

1) Date of last cleaning: _____ Service Tech: _____

2) Is the job being cleaned properly? YES NO

3) Are there any areas that were missed? YES NO

Explain: _____

4) Is the set up good for water collection? YES NO

Explain: _____

5) Were dikes, pumps, & booms used to collect water? YES NO

6) Are there any repairs needed at this location? YES NO

7) Are there any additional areas needing cleaned? YES NO

8) Were the Sidewalks/Entrances cleaned properly? YES NO

(Removal of dirt, debris, grease, food stains, and gum from...)

- | | | |
|--------------------|------------------|-----------------|
| ___ Front entrance | ___ Sidewalks | ___ Curbing |
| ___ Front walkway | ___ Rear walkway | ___ Benches |
| ___ Railing | ___ Steps | ___ Waste Cans |
| ___ Eves | ___ Pillars | ___ Misc. _____ |

Explain: _____

8) Were photos taken at this location? YES NO

Important notes for management that need attention:

Manager Name (Print): _____

Manager Signature: _____