

Top Gun Pressure Washing
Restaurant 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 store repairs at this location needed? YES NO

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

8) Was the dumpster dock area cleaned properly? YES NO

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Back entrance | <input type="checkbox"/> Back door | <input type="checkbox"/> Walls of building |
| <input type="checkbox"/> Back sidewalk | <input type="checkbox"/> Dumpster pad | <input type="checkbox"/> Dumpster walls |
| <input type="checkbox"/> Area outside of dumpster | <input type="checkbox"/> Dumpster gates | <input type="checkbox"/> Garbage dumpster |
| <input type="checkbox"/> Grease dumpster | <input type="checkbox"/> Recycle dumpster | |
| <input type="checkbox"/> Misc. | | |

Explain: _____

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

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

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Front entrance | <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Curbing |
| <input type="checkbox"/> Front walkway | <input type="checkbox"/> Rear walkway | <input type="checkbox"/> Benches |
| <input type="checkbox"/> Railing | <input type="checkbox"/> Steps | <input type="checkbox"/> Waste Cans |
| <input type="checkbox"/> Eaves | <input type="checkbox"/> Pillars | <input type="checkbox"/> Misc. _____ |

Explain: _____

10) Was the Awning and/or building cleaned properly? YES NO

Condition: ___ Good ___ Poor ___ Old ___ New
(Removal of dirt, film, black marks...)

- | | |
|--------------------------------|----------------------------------|
| ___ Cloth Awnings around store | ___ Acrylic Awnings around store |
| ___ Rinsing of windows | ___ Rinsing of building |
| ___ Front entrance | ___ Front doors |
| ___ Front benches | ___ Misc. _____ |

Explain: _____

11) Was the patio cleaned properly? YES NO
(Removal of dirt, grease, food stains, and gum from...)

- | | | |
|-----------------------|-----------------------|------------------------|
| ___ Concrete Flooring | ___ Brick walls | ___ Rinsing of windows |
| ___ Rinsing of chairs | ___ Rinsing of tables | ___ Misc. _____ |

Explain: _____

12) Were the parking spots and lot cleaned properly? YES NO

13) Were photos taken? YES NO

Important notes for management that need attention:

Manager Name (Print): _____

Manager Signature: _____