

Top Gun Pressure Washing
Shopping Center 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) Was the dumpster dock area cleaned properly? YES NO

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

___ Back entrance ___ Back door ___ Walls of building

___ Back sidewalk ___ Dumpster pad ___ Dumpster walls

___ Area outside of ___ Dumpster gates ___ Garbage dumpster

dumpster

___ Grease dumpster ___ Recycle dumpster

___ Misc.

Explain: _____

9) Was the Sidewalk/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: _____

10) Was the Awning and/or building cleaned properly? YES NO
Condition: ___ Good ___ Poor ___ Old ___ New
(Removal of dirt, film, black marks...)

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

Explain: _____

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

Manager Name (Print): _____

Manager Signature: _____