

San Jose Buddhist Church Betsuin
Facilities Use Inspection Report for
Cottage and Education Building

Name of Organization: _____

Person Making Inspection: _____

Date(s) and Time(s) of Inspection: _____

Activity: _____

Facility(ies) and Room Used: _____

Before

After

_____	_____	FLOOR/CARPET CLEAN
_____	_____	GAS LINE SWITCH OFF -- COTTAGE
_____	_____	HEATER (OR AIR CONDITIONING) TURNED OFF
_____	_____	LIGHTS TURNED OFF
_____	_____	TRASH REMOVED FROM ROOM/BLDG
_____	_____	CHAIRS AND TABLES IN PLACE
_____	_____	WHITEBOARD CLEAN
_____	_____	ALL WINDOWS CLOSED AND LOCKED
_____	_____	ALL EXIT DOORS CLOSED AND LOCKED
_____	_____	RESTROOM(S) CLEANED AND LOCKED, IF USED

Comments: _____

Signature of Last Inspector: _____

Telephone Number (____) _____

E-mail address: _____