

**UNIVERSITY of YORK      QUALITY INSPECTION REPORT SHEET**

**INSPECTION CARRIED OUT BY:**

**DATE:**

**SCHEDULE / AREA**

**TIME:**

	A	B	C	D	E	F	G	
<b>GENERAL</b>								Supervisor Comments
1 Bins								
2 Floor								
3 Walls								
4 Doors								
5 Fix / Fittings								
6 Furniture								
7 Internal Glass								
8 Low Level Dust								
9 High Level Dust								
10 Telephone								
<b>WASHROOMS</b>								
11 Toilet Bowl								
12 Urinal								
13 Basin / Sinks								
14 Taps								
15 Cistern								
16 Mirrors								% Rating
17 Splash back								$\frac{\text{No of ticks}}{\text{(no of ticks + no of crosses)}} \times 100$
18 Tiles								
19 Cubicle Walls								
20 Bath / Shower								
21 Dispensers								
<b>SERVICES</b>								
22 Toilet Rolls								
23 Hand Towels								= %
24 Soap								
<b>OTHERS</b>								Repairs/Maintenance Requests
25 Oven								
26 Grill								
27 Microwave								
28 Hob								
29 Fridge								
30 Chewing Gum								
31 Graffiti								
Defect code	Reason for Defect						Time to rectify	Recheck date
Signed:								