

Public Relations Inspection Form

Joint inspection with representatives from the service provider and the client.

Service Provider Representative(s): _____ Location: _____

Client Representative(s): _____ Date and time: _____

| Item | Rating |
|------------------------------------|--|
| Overall facility cleanliness | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| Overall satisfaction with services | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

Areas of Concern

Additional Comments or Requests

Special Service Recommendations

Other Notes

Service provider signature: _____

Client representative signature: _____