

# 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

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## Additional Comments or Requests

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## Special Service Recommendations

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## Other Notes

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Service provider signature: \_\_\_\_\_

Client representative signature: \_\_\_\_\_

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REFRESHINGLY SIMPLE INSPECTION SOFTWARE