

Office Space Inspection Assessment Report

General Information

Date: yyyy-mm-dd

Inspector Name: Inspector Name

Location: Office Address

Department: Department

Contact Person: Contact Name

Inspection Checklist

Area/Item	Status	Comments
Cleanliness	Pass/Fail	Comments
Lighting	Pass/Fail	Comments
Ventilation & Air Quality	Pass/Fail	Comments
Furniture Condition	Pass/Fail	Comments
Safety Equipment	Pass/Fail	Comments
Electrical Outlets	Pass/Fail	Comments
Other Observations	Pass/Fail	Comments

Summary & Remarks

Overall assessment, recommendations, and actions to be taken

Inspector Signature:

Inspector Signature

Date:

yyyy-mm-dd

