

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	<div>Pass/Fail</div>	<div>Comments</div>
Lighting	<div>Pass/Fail</div>	<div>Comments</div>
Ventilation & Air Quality	<div>Pass/Fail</div>	<div>Comments</div>
Furniture Condition	<div>Pass/Fail</div>	<div>Comments</div>
Safety Equipment	<div>Pass/Fail</div>	<div>Comments</div>
Electrical Outlets	<div>Pass/Fail</div>	<div>Comments</div>
Other Observations	<div>Pass/Fail</div>	<div>Comments</div>

Summary & Remarks

Overall assessment, recommendations, and actions to be taken

Inspector Signature:

Inspector Signature

Date:

yyyy-mm-dd

