



Conference & Classroom Inspection Check-In / Check-Out Sheet

Date: _____ Time In/Out: _____/_____ Agency: _____ Instructor: _____

Conference or Classroom Number: _____

Check In:

- | | | | |
|---------------------------|-----|----|-----|
| 1. Floor Clean | Yes | No | N/A |
| 2. Tables Clean | Yes | No | N/A |
| 3. Dry Erase Boards Clean | Yes | No | N/A |
| 4. Lights Working | Yes | No | N/A |
| 5. AC/Heat Working | Yes | No | N/A |
| 6. Computer Working | Yes | No | N/A |
| 7. TV Monitors Working | Yes | No | N/A |
| 8. Window Screens Working | Yes | No | N/A |
| 9. Trash Cans Empty | Yes | No | N/A |
| 10. Tables Damaged | Yes | No | N/A |
| 11. Chairs Damaged | Yes | No | N/A |
| 12. Safety Briefing | Yes | | |

Check Out:

- | | | | |
|---------------------------|-----|----|-----|
| 1. Floor Clean | Yes | No | N/A |
| 2. Tables Clean | Yes | No | N/A |
| 3. Dry Erase Boards Clean | Yes | No | N/A |
| 4. Lights Off | Yes | No | N/A |
| 5. AC/Heat Working | Yes | No | N/A |
| 6. Computer Off | Yes | No | N/A |
| 7. TV Monitors Off | Yes | No | N/A |
| 8. Window Screens Up | Yes | No | N/A |
| 9. Trash Cans Empty | Yes | No | N/A |
| 10. Tables Damaged | Yes | No | N/A |
| 11. Chairs Damaged | Yes | No | N/A |

Remarks:
