

Community Hall Inspection

Name of Hall: _____

Location: _____

Date Inspected: _____ Inspected By: _____

Program Areas	OK	Action Needed	Action Taken	Date Completed
Meeting Rooms				
Kitchen				
Bar Area				
Stage Area				
Gymnasium Area				
Attached Sports Equipment				
<i>OTHER:</i>				

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General	OK	Action Needed	Action Taken	Date Completed
Entrances / Sidewalks				
Stairs / Ramps				
Lobby Areas				
Restrooms				
Storage / Equipment Rooms				
Furnace Room				
Rugs / Mats				
<i>OTHER:</i>				

Emergency	OK	Action Needed	Action Taken	Date Completed
Exits / Exit Lights				
Emergency Lights				
Evacuation Procedures				
Fire Extinguishers				
Smoke / Heat Detectors				
Alarms				
Telephone: Working				
Telephone: Accessible				
Emergency Numbers Posted				
First-Aid Kit				
<i>OTHER:</i>				

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Outside	OK	Action Needed	Action Taken	Date Completed
Sidewalks / Ramps				
Stairs				
Handrails				
Parking Lot				
Lighting				
Fencing				
<i>OTHER:</i>				

Comments:

Date: _____

Signature: _____