



Physical Plant Building/Grounds Inspection

Building/Grounds: _____ Date of Inspection: _____

Inspected by: _____ (Supervisor - Print & Sign) _____ (Worker - Print & Sign)

Team # _____

All urgent requests to be handed to W/O Desk immediately,

-----Office Use Only-----

Area/ Room#	Description	Safety Y/N Urgent	PP Shop	Work Order #	Date WO Issued	*Assistant Director Initial	WO Finished	WO Cancel

*WO Desk to have report reviewed by Assistant Director.