

After Event Check List

Garbage

Removed by Customer

Fair Staff removed
Number of bags/cans _____

Heat/Air

Customer Turned off

Left on
How many approximate hours _____

Damage to Items used: Yes, No
What was damaged? Cost to fix or replace?

Missing Items: Yes, No
What was missing? Cost to replace _____

Damage to Building: Yes, No
What was damaged:

Doors Locked: Yes, No

Inspection done by: _____

Please Print