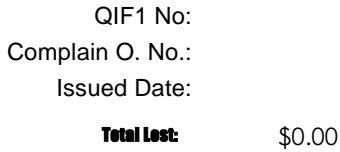


**5.4S:** -----



<b>Report To</b>	<b>Customer Information</b>
Mel Ref#	Site Phone
	Site Mobile
	Alarm#
	Key Issue No#
<b>Site Inspection</b>	<b>Site Information</b>
	ID#
	Emp Name/T...
	Service Day#
	Time#

Item	Description	Q/Sec	R/Point	T/Point

IN PROCESS INSPECTION		INSPECTION TYPE:	Initial <input type="checkbox"/>	In Process <input type="checkbox"/>	Final <input type="checkbox"/>	Quality Audit <input type="checkbox"/>
ITEM	NAME	ACTIVITY OBSERVED				P/F
1	_____	_____				_____
2	_____	_____				_____
3	_____	_____				_____

<b>FINAL INSPECTION</b>		<b>Final Date Report:</b> 31/08/2012
Dusting, Wiping, Scrubbing, Cob-Web Removing, Bin: D      Table, Benches and underneath of them, Fan, Lights, Shelf, Computer Monitor, Tel, Fax, Desk, Top & Frame of Door, Skirt, TV & Radio, Fire Distinguish, Spider Net Int & Ext.	SCORE  _____ _____ _____ _____ _____ _____ _____ _____	COMMENTS  O = Observation    N = NCR to be Raised, Corrective action required Total Score: 0 to 5 Training - 5 to 10 Training & Warning 10 to 15 Last Warning - 15 to 25 Terminating  _____ _____ _____ _____ _____ _____ _____ _____
Window, Door, Screen, Wall, Partition, Curtain, Blind: W      Internal & Partition: Spot Cleaning, Finger Print R, Ledges, S & Wipe, Entrance Door. Ext Win: S & Wipe, Spot Cleaning.		
Soft Floor & Hard Floor, Carpet, Tiles, Ceramic, Stone: F      Soft Floor: Vacuuming, Edge of Carpet, Spot Clean, Under & Cr of Tables & Doors. - Hard Floor: Mopping, Spot Cleaning, Ledges, Under & Cr of Tables & Doors, Grout B/W Tiles.		
Bathroom, Toilet, Kitchen, Entire Wet Area Wall/Floor: B      Sink, Tabs, Mirror, Pan, Toilet Bowl, S-Bend, Sits, Floors, Grout B/W Tiles, Tiles & Walls, Dispenser, Hand Dryer. Kitchen: Tabeles, Benches, Cabinet, Sink, Tab,Paving & Round Fridge, Microwave, Top Stove, Bin,Recycle Bin, Refill Stock, Mat, Vendor Machine.		
On/Off Electrical, Alarm Arm/Dis, Door Close/Open: U      TV, Fan, Aircon, Radio, Door, Windw, Alarm, Cleaner didn't Turn up, Left Job Half.		

**5: Not Done 4: Very Poor 3: Poor 2: Not Sat 1: Satisfactory 0: Good Score of 5 to 2 must be corrected immediately.**

H1 HOUSE KEEPING		E1 EQUIPMENT	C1 CHEMICALS	O1 OTHER	S1 STAFF (*)
A	Cleanlines of storage area <input type="checkbox"/>	Cleanliness <input type="checkbox"/>	Un Labeled <input type="checkbox"/>	I.D. Badges <input type="checkbox"/>	In training records <input type="checkbox"/>
B	Empty Drums <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Missing MSDS <input type="checkbox"/>	Presentation <input type="checkbox"/>	Aware of MSDS <input type="checkbox"/>
C	Chemical NOT stored <input type="checkbox"/>	I.D. Tags <input type="checkbox"/>	Correct handling procedures <input type="checkbox"/>	Uniforms <input type="checkbox"/>	Understand Inspection Report <input type="checkbox"/>

<b>Area Mgr/Supervisor:</b>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>Visit Date</b>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>SIGNATURES GBCS</b>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
<b>VERIFICATION CLIENT</b>	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>