

Site Information:

Site Name: _____ Street: _____
Site ID: _____
City: _____ State: _____ Zip: _____

Note: Please attach a site receipt or business card, exc. when possible.

Lighting:

Energize all outside lighting circuits to determine if any are NOT operational and their location.

Building/Signage Lights:

Describe what lights are NOT operational and their location:

Did Store Personal have prior knowledge of the lighting issues? Y or N

Parking Lot Lights:

Describe what lights are NOT operational and their location:

Did Store Personal have prior knowledge of the lighting issues? Y or N

Interior Lighting:

Describe what lights are NOT operational and their location:

Did Store Personal have prior knowledge of the lighting issues? Y or N

RTU Inspection:

Determine Room and Discharge temperature of each external handheld temperature device. Take measurements once the unit and temperatures have stabilized during each operation below.

RTU # 1 (Confirmed to be in *Cooling*) _____ Room Temp _____ Discharge Temp _____

RTU # 1 (Confirmed to be in *Heating*) _____ Room Temp _____ Discharge Temp _____

RTU # 2 (Confirmed to be in *Cooling*) _____ Room Temp _____ Discharge Temp _____

RTU # 2 (Confirmed to be in *Heating*) _____ Room Temp _____ Discharge Temp _____

RTU # 3 (Confirmed to be in *Cooling*) _____ Room Temp _____ Discharge Temp _____

RTU # 3 (Confirmed to be in *Heating*) _____ Room Temp _____ Discharge Temp _____

RTU # 4 (Confirmed to be in *Cooling*) _____ Room Temp _____ Discharge Temp _____

RTU # 4 (Confirmed to be in *Heating*) _____ Room Temp _____ Discharge Temp _____

RTU # 5 (Confirmed to be in *Cooling*) _____ Room Temp _____ Discharge Temp _____

RTU # 5 (Confirmed to be in *Heating*) _____ Room Temp _____ Discharge Temp _____

RTU # 6 (Confirmed to be in *Cooling*) _____ Room Temp _____ Discharge Temp _____

RTU # 6 (Confirmed to be in *Heating*) _____ Room Temp _____ Discharge Temp _____

RTU # 7 (Confirmed to be in *Cooling*) _____ Room Temp _____ Discharge Temp _____

RTU # 7 (Confirmed to be in *Heating*) _____ Room Temp _____ Discharge Temp _____

Cooler/ Freezer Inspection:

Determine operating temperature of each unit, using an external handheld temperature device.

Type of unit _____ Temperature _____

Type of unit _____ Temperature _____

Type of unit _____ Temperature _____

Type of unit _____ Temperature _____

Type of unit _____ Temperature _____

Has the store personnel been informed of any issues regarding the equipment above? Y or N

CONTRACTOR: _____

SIGNATURE: _____

DATE: _____

MANAGER: _____

SIGNATURE: _____

DATE: _____