

**Top Gun Pressure Washing**  
**Parking Garages and Lots Inspection Form**

Date: \_\_\_\_\_ Print name of Inspector: \_\_\_\_\_ DIV: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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1) Date of last cleaning: \_\_\_\_\_ Service Tech: \_\_\_\_\_

2) Is the job being cleaned properly?      YES    NO

3) Are there any areas that were missed?      YES    NO

Explain: \_\_\_\_\_

4) Is the set up good for water collection?      YES    NO

Explain: \_\_\_\_\_

5) Were dikes, pumps, & booms used to collect water?    YES    NO

6) Are there any repairs needed at this location?    YES    NO

7) Are there any additional areas needing cleaned?      YES    NO

8) Were the Sidewalks/Entrances cleaned properly?      YES    NO

*(Removal of dirt, debris, grease, food stains, and gum from...)*

- |                    |                  |                 |
|--------------------|------------------|-----------------|
| ___ Front entrance | ___ Sidewalks    | ___ Curbing     |
| ___ Front walkway  | ___ Rear walkway | ___ Benches     |
| ___ Railing        | ___ Steps        | ___ Waste Cans  |
| ___ Eves           | ___ Pillars      | ___ Misc. _____ |

Explain: \_\_\_\_\_

8) Were photos taken at this location?    YES    NO

***Important notes for management that need attention:***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Manager Name (Print): \_\_\_\_\_

Manager Signature: \_\_\_\_\_