

**Top Gun Pressure Washing**  
**Shopping Center 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) Was the dumpster dock area cleaned properly?      YES    NO

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

- |                                 |                      |                       |
|---------------------------------|----------------------|-----------------------|
| ___ Back entrance               | ___ Back door        | ___ Walls of building |
| ___ Back sidewalk               | ___ Dumpster pad     | ___ Dumpster walls    |
| ___ Area outside of<br>dumpster | ___ Dumpster gates   | ___ Garbage dumpster  |
| ___ Grease dumpster             | ___ Recycle dumpster |                       |
| ___ Misc.                       |                      |                       |

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

9) Was the Sidewalk/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: \_\_\_\_\_

10) Was the Awning and/or building cleaned properly? YES NO  
Condition: \_\_\_ Good \_\_\_ Poor \_\_\_ Old \_\_\_ New  
(Removal of dirt, film, black marks...)

<input type="checkbox"/> Clothe Awnings around store	<input type="checkbox"/> Acrylic Awnings around store
<input type="checkbox"/> Rinsing of windows	<input type="checkbox"/> Rinsing of building
<input type="checkbox"/> Front entrance	<input type="checkbox"/> Front doors
<input type="checkbox"/> Front benches	<input type="checkbox"/> Misc. _____

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

11) Were the parking spots and lot cleaned properly? YES NO

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

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