

COMMUNITY CENTER INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Exterior & Grounds

- Yes No — Parking lot and walkways are clear of debris and hazards
- Yes No — Exterior lighting and signage are functional and visible
- Yes No — Building facade and entrance are clean and well-maintained
- Yes No — Landscaping and perimeter fencing are in good repair

Interior Safety

- Yes No — Hallways and exits are unobstructed and clearly marked
- Yes No — Fire extinguishers and alarms are inspected and accessible
- Yes No — Flooring is free of trip hazards and spills
- Yes No — Emergency lighting and exit signs are fully operational

Facility Amenities

- Yes No — Restrooms are clean and stocked with necessary supplies

- Yes No — Kitchen and common areas meet sanitation standards
- Yes No — Furniture and equipment are in safe working condition
- Yes No — HVAC and ventilation systems are functioning properly

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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