

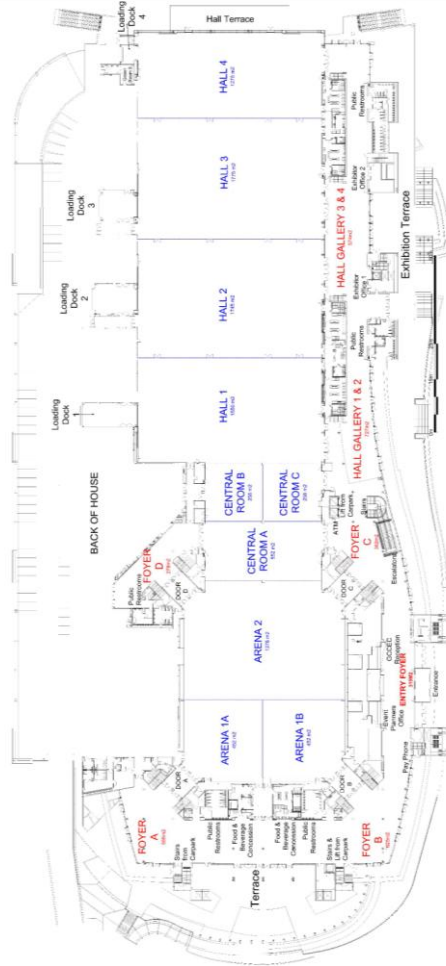
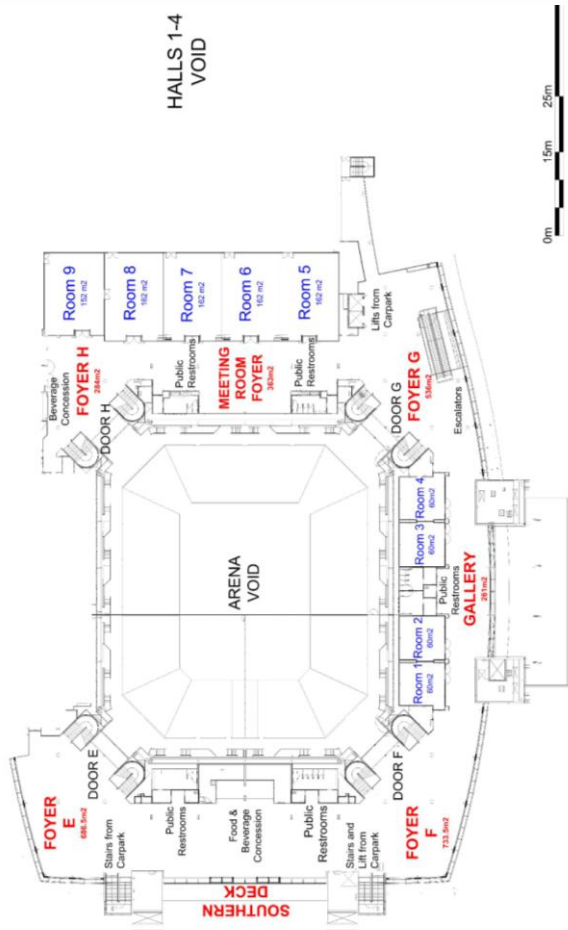
F11.0 PRE-VENUE INSPECTION CHECKLIST FORM

Pre-Event

Event ID: _____ Event Name: _____

Event Dates _____ Event Organiser: _____

Using the graphic below, mark any damage in any or all of the area(s) that may be used for this event.
Follow the checklist, sign, date, copy & file to Building Services.



Room No.	Area / Surface	Description of damage if any	Reported	Initial

Note if there is no damage to any or all of the rooms by entering NONE in the damage field.

Event organiser to sign: _____ Date: ____ / ____ / ____ Time ____ : ____