

FACILITY CHECKLIST (form SF-2)

FACILITY:				
DATE:		INSPECTED BY:		
ITEM	ADEQUATE	INADEQUATE	CORRECTIVE MEASURES	OBSERVATIONS
Walkways in ice area				
Dressing rooms				
Equipment				
First Aid				
Entrances				
Stairways				

Correction references: 1) add, 2) replace, 3) modify, 4) discard, 5) clean, 6) repair, 7) check.