

| BUILDINGS MANAGER CONCESSIONS<br>INSPECTION RECORD                                                                                |                     |                                                                                            |                                                                                             | NAME OF INSPECTION |                     |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------|---------------------|
|                                                                                                                                   |                     |                                                                                            |                                                                                             | DATE OF INSPECTION |                     |
| BUILDING                                                                                                                          |                     | LOCATION                                                                                   |                                                                                             | GROUP              |                     |
| <input type="checkbox"/> CAFETERIA <input type="checkbox"/> SNACK BAR <input type="checkbox"/> BLIND STAND                        |                     | <input type="checkbox"/> STAFF DINING ROOM <input type="checkbox"/> OTHER <i>(Specify)</i> |                                                                                             | AREA               |                     |
| <b>1. SIZE AND ADEQUACY</b>                                                                                                       |                     |                                                                                            | <b>5. CEILING</b>                                                                           |                    |                     |
| A. SIZE                                                                                                                           | B. SEATING CAPACITY | C. AVERAGE NUMBER OF CUSTOMERS PER DAY                                                     | A. HEIGHT                                                                                   |                    | B. TYPE             |
| SQ. FT.                                                                                                                           | SEATS               |                                                                                            |                                                                                             |                    |                     |
| D. IS TOTAL SPACE SATISFACTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO                                          |                     |                                                                                            | C. DROPPED <input type="checkbox"/> YES <input type="checkbox"/> NO                         |                    | D. DATE INSTALLED   |
| E. WHAT CAN BE ACCOMPLISHED TO ENLARGE OR MAKE BETTER USE OF EXISTING SPACE?                                                      |                     |                                                                                            | E. RECOMMENDATIONS                                                                          |                    |                     |
| F. APPROXIMATE COST \$                                                                                                            |                     | G. YEAR RECOMMENDED                                                                        | F. COST TO ACCOMPLISH \$                                                                    |                    | G. YEAR RECOMMENDED |
| <b>2. TEMPERATURE CONTROL</b>                                                                                                     |                     |                                                                                            | <b>6. ACOUSTICS</b>                                                                         |                    |                     |
| A. AIR CONDITIONING <input type="checkbox"/> YES <input type="checkbox"/> NO                                                      |                     |                                                                                            | A. SATISFACTORY <input type="checkbox"/> YES <input type="checkbox"/> NO                    |                    |                     |
| B. TYPE RECOMMENDED                                                                                                               |                     |                                                                                            | B. RECOMMENDATIONS                                                                          |                    |                     |
| C. COST TO INSTALL \$                                                                                                             |                     | D. YEAR RECOMMENDED                                                                        |                                                                                             |                    |                     |
| E. ADEQUATE OF HEATING <input type="checkbox"/> YES <input type="checkbox"/> NO                                                   |                     |                                                                                            |                                                                                             |                    |                     |
| F. COMMENTS AND RECOMMENDATIONS                                                                                                   |                     |                                                                                            | C. COST TO ACCOMPLISH \$                                                                    |                    |                     |
|                                                                                                                                   |                     |                                                                                            | D. YEAR RECOMMENDED                                                                         |                    |                     |
| <b>3. FLOORS</b>                                                                                                                  |                     |                                                                                            | <b>7. DOORS</b>                                                                             |                    |                     |
| A. MATERIAL                                                                                                                       |                     | B. YEAR INSTALLED                                                                          | A. ADEQUATE FOR INGRESS AND EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO |                    |                     |
| C. CONDITION SATISFACTORY <input type="checkbox"/> YES <input type="checkbox"/> NO                                                |                     |                                                                                            | B. RECOMMENDATIONS                                                                          |                    |                     |
| D. COST TO REPAIR OR REPLACE \$                                                                                                   |                     | E. YEAR RECOMMENDED                                                                        |                                                                                             |                    |                     |
| F. IS CONTRACTOR PERFORMING SATISFACTORY FLOOR CLEANING AND MAINTENANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO |                     |                                                                                            | C. COST TO ACCOMPLISH \$                                                                    |                    |                     |
| G. COMMENTS AND RECOMMENDATIONS                                                                                                   |                     |                                                                                            | D. YEAR RECOMMENDED                                                                         |                    |                     |
| <b>4. WALLS</b>                                                                                                                   |                     |                                                                                            | <b>8. WINDOWS</b>                                                                           |                    |                     |
| A. COLOR                                                                                                                          |                     | B. DATE LAST PAINTED                                                                       | A. TYPE                                                                                     |                    |                     |
| C. CONDITION SATISFACTORY <input type="checkbox"/> YES <input type="checkbox"/> NO                                                |                     |                                                                                            |                                                                                             |                    |                     |
| D. RECOMMENDATIONS AND IMPROVEMENTS                                                                                               |                     |                                                                                            |                                                                                             |                    |                     |
|                                                                                                                                   |                     |                                                                                            | F. RECOMMENDATIONS                                                                          |                    |                     |
| E. COST TO ACCOMPLISH \$                                                                                                          |                     | F. YEAR RECOMMENDED                                                                        | G. COST TO ACCOMPLISH \$                                                                    |                    | H. YEAR RECOMMENDED |

| 9. LIGHTING               |     |                                                          |    | 13. FREIGHT FACILITIES                                                                                                                                                   |                              |                             |    |
|---------------------------|-----|----------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|----|
| ITEM                      | YES | NO                                                       |    | A. ELEVATOR                                                                                                                                                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |    |
| A. DINING ROOM            |     |                                                          |    | B. ADEQUATE                                                                                                                                                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |    |
| B. COUNTER AREA           |     |                                                          |    | C. RECOMMENDATIONS                                                                                                                                                       |                              |                             |    |
| C. KITCHEN                |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
| D. REFRIGERATORS          |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
| E. DISH ROOM              |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
| F. STORAGE AREAS          |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
| G. RECOMMENDATIONS        |     |                                                          |    | D. COST TO ACCOMPLISH                                                                                                                                                    |                              | E. YEAR RECOMMENDED         |    |
|                           |     |                                                          |    | \$                                                                                                                                                                       |                              |                             |    |
| 10. WATER SUPPLY          |     |                                                          |    | 14. SAFETY EQUIPMENT                                                                                                                                                     |                              |                             |    |
| H. COST TO ACCOMPLISH     |     | I. YEAR RECOMMENDED                                      |    | ITEM                                                                                                                                                                     |                              | YES                         | NO |
| \$                        |     |                                                          |    | A. EXITS PROPERLY IDENTIFIED                                                                                                                                             |                              |                             |    |
| A. VACUUM BREAKERS        |     | <input type="checkbox"/> YES <input type="checkbox"/> NO |    | B. RECESSED FLOOR DRAINS                                                                                                                                                 |                              |                             |    |
|                           |     |                                                          |    | C. NON-SKID FLOORS                                                                                                                                                       |                              |                             |    |
| B. COST TO ACCOMPLISH     |     | C. YEAR RECOMMENDED                                      |    | D. PROPER NUMBER OF EXTINGUISHERS                                                                                                                                        |                              |                             |    |
| \$                        |     |                                                          |    | E. PROPER TYPE OF EXTINGUISHERS                                                                                                                                          |                              |                             |    |
| D. REMARKS                |     |                                                          |    | F. PROPER HOOD FILTER INSTALLATIONS                                                                                                                                      |                              |                             |    |
|                           |     |                                                          |    | G. DUCTS FREE OF GREASE                                                                                                                                                  |                              |                             |    |
|                           |     |                                                          |    | H. RECOMMENDATIONS                                                                                                                                                       |                              |                             |    |
| 11. REFRIGERATION         |     |                                                          |    | I. COST TO ACCOMPLISH                                                                                                                                                    |                              | J. YEAR RECOMMENDED         |    |
| A. ADEQUATE               |     | <input type="checkbox"/> YES <input type="checkbox"/> NO |    | \$                                                                                                                                                                       |                              |                             |    |
| B. RECOMMENDATIONS        |     |                                                          |    | 15. EQUIPMENT                                                                                                                                                            |                              |                             |    |
|                           |     |                                                          |    | LIST ANY ITEMS OF EQUIPMENT THAT ARE DEFICIENT WITH RESPECT TO SERVICEABILITY, SANITATION, APPEARANCE, OR SAFETY. INCLUDE NECESSARY RECOMMENDATIONS AND ESTIMATED COSTS. |                              |                             |    |
| C. COST TO ACCOMPLISH     |     | D. YEAR RECOMMENDED                                      |    |                                                                                                                                                                          |                              |                             |    |
| \$                        |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
| 12. GARBAGE REMOVAL       |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
| ITEM                      |     | YES                                                      | NO |                                                                                                                                                                          |                              |                             |    |
| A. GARBAGE REFRIGERATOR   |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
| B. ADEQUATE DISPOSAL      |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
| C. CAN WASHING FACILITIES |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
| D. RECOMMENDATIONS        |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
|                           |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |
| E. COST TO ACCOMPLISH     |     | F. YEAR RECOMMENDED                                      |    |                                                                                                                                                                          |                              |                             |    |
| \$                        |     |                                                          |    |                                                                                                                                                                          |                              |                             |    |

### INSTRUCTIONS

Prepare GSA Form 1782 in duplicate for each inspection. Submit one copy to the regional office, Buildings Management Division. The other copy is to be retained by the Buildings Manager.

This form is to be completed by the Buildings Manager when conducting concession inspections with regional inspectors. It will serve to record pertinent data, unsatisfactory conditions of obsolescence and deterioration related to the concession and the building, which are the responsibilities of GSA to correct. On the basis of this record of inspection, items noted for alteration, repair, or improvement, which require immediate attention, should be identified for action or programmed for timely completion according to their urgency and the availability of funds.