

# BUILDINGS MANAGER CONCESSIONS INSPECTION RECORD

NAME OF INSPECTION

DATE OF INSPECTION

BUILDING

LOCATION

GROUP

CAFETERIA  
 STAFF DINNING ROOM

SNACK BAR  
 OTHER (*Specify*)

BLIND STAND

AREA

### 1. SIZE AND ADEQUACY

A. SIZE  
SQ. FT.

B. SEATING CAPACITY  
SEATS

C. AVERAGE NUMBER OF CUSTOMERS PER DAY

D. IS TOTAL SPACE SATISFACTORY?  YES  NO

E. WHAT CAN BE ACCOMPLISHED TO ENLARGE OR MAKE BETTER USE OF EXISTING SPACE?

F. APPROXIMATE COST

G. YEAR RECOMMENDED

\$

### 2. TEMPERATURE CONTROL

A. AIR CONDITIONING  YES  NO

B. TYPE RECOMMENDED

C. COST TO INSTALL

D. YEAR RECOMMENDED

\$

E. ADEQUATE OF HEATING  YES  NO

F. COMMENTS AND RECOMMENDATIONS

### 5. CEILING

A. HEIGHT

B. TYPE

C. DROPPED

YES  NO

D. DATE INSTALLED

E. RECOMMENDATIONS

F. COST TO ACCOMPLISH

G. YEAR RECOMMENDED

\$

### 6. ACOUSTICS

A. SATISFACTORY  YES  NO

B. RECOMMENDATIONS

C. COST TO ACCOMPLISH

D. YEAR RECOMMENDED

\$

### 7. DOORS

A. ADEQUATE FOR INGRESS AND EGRESS  YES  NO

B. RECOMMENDATIONS

### 3. FLOORS

A. MATERIAL

B. YEAR INSTALLED

C. CONDITION SATISFACTORY  YES  NO

D. COST TO REPAIR OR REPLACE

E. YEAR RECOMMENDED

\$

F. IS CONTRACTOR PERFORMING SATISFACTORY FLOOR CLEANING AND MAINTENANCE?  YES  NO

G. COMMENTS AND RECOMMENDATIONS

### 8. WINDOWS

A. TYPE

ITEM	YES	NO
B. EXTERIOR SCREENS		
C. VENETIAN BLINDS		
D. DRAPES		
E. SATISFACTORY		

F. RECOMMENDATIONS

### 4. WALLS

A. COLOR

B. DATE LAST PAINTED

C. CONDITION SATISFACTORY  YES  NO

D. RECOMMENDATIONS AND IMPROVEMENTS

E. COST TO ACCOMPLISH

F. YEAR RECOMMENDED

\$

G. COST TO ACCOMPLISH

H. YEAR RECOMMENDED

\$

9. LIGHTING				13. FREIGHT FACILITIES			
ITEM	YES	NO					
A. DINING ROOM			A. ELEVATOR		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
B. COUNTER AREA			B. ADEQUATE		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
C. KITCHEN			C. RECOMMENDATIONS				
D. REFRIGERATORS			D. COST TO ACCOMPLISH		E. YEAR RECOMMENDED		
E. DISH ROOM			\$				
F. STORAGE AREAS			<b>14. SAFETY EQUIPMENT</b>				
G. RECOMMENDATIONS			ITEM	YES	NO		
H. COST TO ACCOMPLISH			I. YEAR RECOMMENDED				
\$							
10. WATER SUPPLY							
A. VACUUM BREAKERS		<input type="checkbox"/> YES	<input type="checkbox"/> NO	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			
				I. COST TO ACCOMPLISH		J. YEAR RECOMMENDED	
				\$			
11. REFRIGERATION				15. EQUIPMENT			
A. ADEQUATE		<input type="checkbox"/> YES	<input type="checkbox"/> NO	LIST ANY ITEMS OF EQUIPMENT THAT ARE DEFICIENT WITH RESPECT TO SERVICEABILITY, SANITATION, APPEARANCE, OR SAFETY. INCLUDE NECESSARY RECOMMENDATIONS AND ESTIMATED COSTS.			
B. RECOMMENDATIONS							
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 Building Manager.

This form is to be completed by the Building 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 responsibility 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.