COMMERCIAL KITCHEN PRE/POST USE INSPECTION REPORT

This **Commercial Kitchen Pre/Post Use Inspection Report** is made on this _____ day of _____, 20_____, by
_____("User") related to User's use of the Kitchen pursuant to that Commercial Kitchen User Agreement (the "Agreement") between User and Fluvanna County, in accordance with the Agreement and an application filed thereunder, the User has made a pre-use inspection of the Kitchen and Equipment with the Kitchen Coordinator or other authorized representative of the County and the User certifies the information contained in the inspection report is true and correct. The Kitchen and Equipment was delivered to User for use as required by the Contract in a clean, sanitary and good working condition with no issues or damages, unless otherwise indicated on this Inspection Report.

Kitchen Coordinator Use Only

Commencement of Use: the _____ day of_____, 20___ at _____ A.M./P.M.   _____   _____
                                                                                                          Agree   disagree

End of Use: the _____ day of_____, 20___ at _____ A.M./P.M.   _____   _____
                                                                                                          Agree   disagree

                                                                                              Notes:_____

Pre-Use Inspection:

I, the User, inspected the Kitchen and Equipment prior to my use was delivered to User for use as required by the Contract in a clean, sanitary and good working condition with no issues or damages except those detailed below (if blank, none):_____
_____
_____
_____
_____Signature:_____

For Kitchen Coordinator [internal use only]:   _____ seen and agreed [or] _____disagree with above for the following reasons: _____
_____
USE IS DENIED IF KITCHEN COORDIANTOR AND USER CANNOT AGREE AS TO PRE-USE INSPECTION CONDITION.

Post-Use Inspection:

I, the User, inspected the Kitchen and Equipment prior to my use was delivered to User for use as required by the Contract in a clean, sanitary and good working condition with no issues or damages except those detailed below (if blank, none):_____
_____
_____
Kitchen Accident/Injury to report: _____
_____ Signature:_____

For Kitchen Coordinator [internal use only]:   _____ seen and agreed [or] _____disagree with above for the following reasons: _____
_____
_____

User (print legal name of User): _____   *Kitchen Coordinator:*
By (signature):_____   Date:_____   *Initial: _____*
Print Name(if entity):_____   Print Title(if entity):_____   *Date:_____*