

# Post Event Inspection Sheet

A walk through inspection after the event – if the answer to any of the questions below is 'NO' take immediate action to rectify the problem.

SITE CONDITIONS	YES	NO	COMMENTS
• Is the event site clear of all structures, vehicles, barriers etc?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have the temporary toilets been removed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have all temporary signs/banners been removed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have all signs / cones etc been removed from roads?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Is the event site clear of all waste material/litter etc?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Has the event site been left in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have the temporary car parks been cleared?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Have any permanent fixtures on site been left in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Has agreed handover / hand-back taken place with landowner?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Was owner satisfied with site conditions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Has all necessary documentation been collected?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**ADDITIONAL COMMENTS** \_\_\_\_\_  
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**NAME** \_\_\_\_\_

**DATE / TIME** \_\_\_\_\_