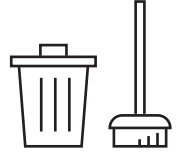




Name of Premises:

Date:

Address:



Inspection/Cleaning Schedule

1. Please mark with a if function has been carried out or an if not carried out.
2. This document must be retained for 1 month as Dublin City Council may require it for inspection.

Time :	<input checked="" type="checkbox"/> <input type="checkbox"/>
Area Inspected	
Area Cleaned	
Bins Emptied	

Time :	<input checked="" type="checkbox"/> <input type="checkbox"/>
Area Inspected	
Area Cleaned	
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Area Inspected	
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Area Cleaned	
Bins Emptied	

Time :	<input checked="" type="checkbox"/> <input type="checkbox"/>
Area Inspected	
Area Cleaned	
Bins Emptied	

Signed:

Date: