



<b>Inspection/ACR Conducted:</b> _____ On site _____ By Telephone
---

### INSPECTION/ACR REPORT

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Account # \_\_\_\_\_

Site Location: \_\_\_\_\_

Phone # \_\_\_\_\_

Franchise # \_\_\_\_\_

Frequency \_\_\_\_\_

Next Service Day \_\_\_\_\_

Account Manager \_\_\_\_\_

Conducted By \_\_\_\_\_

Please score each Key Inspection Detail using the following scale:

4=Completely Satisfied	3 = Satisfied
2 = Somewhat Dissatisfied	1 = Completely Dissatisfied

### DETAIL

Key Performance Indicator	Ratings	Additional Questions	Y or N
Dusting and Detail Work		Are there any additional Special Services like carpet cleaning, windows etc that we could perform for you?	
Floors		Are the Franchise Owner and Employees wearing Coverall uniforms and nametags?	
Restrooms		Is the Franchise Owner using the prescribed equipment, chemicals and supplies?	
Overall Rating		Is the Franchise Owner and employees utilizing Personal Protective Equipment?	

COMMENTS:

Action / Follow up (include detailed plan for ratings 2 or 1 and attach copy of 5-Day letter to franchise owner):

Special Service Proposal Delivered for: (attach copy to report)

Customer Signature \_\_\_\_\_