

Facility Assessment Form

Name of facility				Booking Number		
Hirer's name				Date of function		
Hirer's contact details	Home:			Work:		
	Mobile:			Email:		
Furniture audit	Number of tables			Number of chairs		
Maintenance required or damages to the facility	Main hall	Yes	No	Toilets	Yes	No
	Kitchen	Yes	No	Appliances	Yes	No
	Tables	Yes	No	Chairs	Yes	No
	Walls	Yes	No	Flooring	Yes	No
	Lights	Yes	No	Windows	Yes	No
	If yes – provide details					
Cleaning required	Main Hall	Yes	No	Toilets	Yes	No
	Kitchen	Yes	No	Appliances	Yes	No
	Tables	Yes	No	Chairs	Yes	No
	Walls	Yes	No	Flooring	Yes	No
	Lights	Yes	No	Windows	Yes	No
	Backyard	Yes	No	Car Park	Yes	No
	Front of facility	Yes	No	Foyer	Yes	No
	If yes – provide details					
Additional comments						

Campbelltown City Council would like to thank you for your booking and taking the time to complete this Facility Assessment form.