

**INSPECTORS REPORT TO BOARD OF ALCOHOLIC BEVERAGES
LICENSE COMMISSIONERS**

DATE _____

TIME _____

The following licensed establishment visited and inspected:

CHECKLIST

VIOLATIONS

NO VIOLATIONS

HOURS OF OPERATION POSTED

PROPER HOURS BEING OBSERVED

OBSTRUCTION TO OUTSIDE OBSERVATION

UNNECESSARY NOISE

EMPLOYEE CERTIFICATION (TIPS/TAM)

PROPER LICENSE & WALL SIGNS

OVERALL CLEANLINESS

CLEAN TOILET FACILITIES

CLEAN HAND WASHING FACILITIES

CLEAN BAR CLOTH

CLEAN COOLER/REFRIGERATOR

PROPER GARBAGE DISPENSING

DRUNKARDS PRESENT

QUESTIONABLE AGE OF PATRONS

BOARD'S BOOKLET HANDY

DISPENSE ANY NECESSARY INFORMATION

ANY OTHER VIOLATION

REMARKS:

ESTABLISHMENT SIGNATURE: _____

Date: _____

INSPECTOR SIGNATURE: _____