Training Venue Initial Inspection

To be completed on-site daily prior to training venue use:

User Agency: _____

User Agency Representative: _____ **Contact Number:** _____

PSTEC Representative: _____ **Contact Number:** _____

Venue Utilized: _____ **Specific Location:** _____

Date of Use: _____ **Time In:** _____

- The user agency representative was provided with the Addendum(s) to the User Agreement specific to the training venue being utilized for training.
  ☐ Yes ☐ No
- A pre-training inspection of the training venue was conducted by representatives from the user agency and PSETC.
  ☐ Yes ☐ No
- The training venue is free of trash, debris and safety hazards.
  ☐ Yes ☐ No
- The training venue is in acceptable condition.
  ☐ Yes ☐ No

Damage / issues noted prior to use: _____

_____

_____

_____

_____

_____

_____

_____ _____

User Agency Representative Signature PSETC Representative Signature