Training Venue Final Inspection

To be completed daily upon completion of training venue use:

User Agency: _____

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

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

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

Date of Use: _____ **Time Out:** _____

- A post-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 damage.
  ☐ Yes ☐ No
- The training venue is in acceptable condition.
  ☐ Yes ☐ No

Damage / issues noted after use: _____

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_____

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_____

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_____ _____

User Agency Representative Signature PSETC Representative Signature