STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
QUALITY ASSESMENT REVIEW/REST AREA INSPECTION

Location_____ **Date**_____ **Time**_____
Contractor_____ **Security**_____ **Date**_____ **Inspector**_____

				Score: (Y) Yes - (N) No - (X) Not Inspected		
FINAL SCORE (Summation of Scores) =				**TOTAL PASSED / # INSPECTED x FACTOR**		
RESTROOMS: (Factor=20)				**ROADWAY: (Factor=10)**		
1. Counter Tops				1. Pavement Condition		
2. Sinks				2. Highway Lighting		
3. Toilets/Urinals				3. Signs		
4. Toilets Paper Dispensers				4. Object Markers/Delineators		
5. Toilet Partitions				5. Striping/Symbols		
6. Floors				6. Shoulders		
7. Walls/Ceiling/Windows				7. Guardrail		
8. Hand Dryers				8. Drainage		
9. Trash Receptacle						
10. Soap Dispensers				**GROUNDS: (Factor=20)**		
11. Baby Changing Table				1. Turf Condition		
12. Mirrors				2. Vegetation/Landscaping		
13. Lights Interior				3. Litter		
14. Odor				4. Trash Receptacle		
15. Family Restroom				5. Recycle Receptacles		
				6. Lights Exterior		
BUILDINGS: (Factor=20)				7. Sidewalks		
1. Roofs/Fascia/Soffits				8. Edging and Trimming		
2. Gutters				9. Tree Trimming		
3. Exterior Walls/Windows/Ceilings				10. Flags		
4. Doors				11. Picnic Areas		
5. Foyer/Floor				12. Fences		
6. Water Fountain				13. Secured Doors		
7. Utility Area						
8. Fire Extinguisher				**CUSTOMER SERVICES: (Factor=10)**		
9. Emergency Generator				1. Bulletin Boards		
10. Signs				2. Phone/Call Box		
11. Facility Available to Public				3. Comment Cards		
12. Waste Water Treatment				4. Brochures		
13. Well/Potable Water Treatment				5. Vending		
14. Security Guard Office				6. Advertising Stands/Racks		
ATTENDANT: (Factor=10)				**SECURITY GUARD: (Factor=10)**		
1. Uniform				1. Uniform/Equipment		
2. Available				2. License		
3. Suppies and Equipment Properly Stored				3. Available		
				4. Vehicle		
				5. Code Y if No Guard During Daytime		
				6. Log Book		
COMMENTS:						