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|                                 |
|---------------------------------|
| Client Name                     |
| Client Address                  |
| Date(s) of Inspection           |
| Name of inspector               |
| Name of building representative |
| Page ____ of ____               |

| Floor | Stairwell | Comments | Inspection Criteria |       |               |           | Corrective action | Date of action |
|-------|-----------|----------|---------------------|-------|---------------|-----------|-------------------|----------------|
|       |           |          | Damaged             | Loose | Signs of wear | MEA Label |                   |                |
|       |           |          |                     |       |               |           |                   |                |
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Inspector's Name (Printed) \_\_\_\_\_ Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_

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