

DIVISION OF HIGHWAYS – ROADSIDE ENVIRONMENTAL

STATEWIDE REST AREA MAINTENANCE INSPECTION REPORT FOR LEVEL OF SERVICE

DATE: ___/___/___ TIME: ___:___ am/pm DIV.: ___ COUNTY: _____ ROUTE: _____ NBL ___ SBL ___
 EBL ___ WBL ___

MAINTAINED BY: _____ (janitorial)/ _____ (grounds)/DOT STAFF ON DUTY: _____

- | | | |
|---|---|--|
| <p>I. Main Service Building (Max. 50 pts.) _____</p> <p>A. Lobby: _____</p> <ol style="list-style-type: none"> 1. Entrance/Air Lock: 1 – 15 _____
clean, mats, floor, doors, glass, lights 2. Inside Lobby: 1 – 15 _____
walls, floor, ceiling, watercooler, lights, display 3. Ventilation: 1 – 15 _____
odors, return grills, filters, hot/cold, thermostat 4. Comments: _____

_____ <p>B. Men Restroom: _____</p> <ol style="list-style-type: none"> 1. General Appearance: 1 – 15 _____
open, floors, walls, ceiling, lights, windows 2. Fixtures: 1 – 15 _____
urinals, toilets, partitions, sinks, faucets, handrail 3. Accessories: 1 – 15 _____
dispensers, containers, mirrors, dryers, counter 4. Comments: _____

_____ <p>C. Women & Family Restroom: _____</p> <ol style="list-style-type: none"> 1. General Appearance: 1 – 15 _____
open, floors, walls, ceiling, lights, windows 2. Fixtures: 1 – 15 _____
toilets, partitions, sinks, faucets, hand rail 3. Accessories: 1 – 15 _____
dispensers, containers, mirrors, dryers, counter 4. Comments: _____

_____ <p>D. Service Room(s): _____</p> <ol style="list-style-type: none"> 1. Mechanical: 1 – 5 _____
HVAC, electrical, meter, heater, lights, floor 2. Storage: 1 – 5 _____
clean, supplies, parts, organized, flammables 3. Service: 1 – 5 _____
clean, lights, sink, floor, wall, ceiling, drain 4. Pipe Chase: 1 – 5 _____
plumbing, lights, floor, drain, leaks, clear 5. Comments: _____

_____ | <p>II. Outside Facilities (Max. 15 pts.) _____</p> <p>A. Picnic: _____</p> <ol style="list-style-type: none"> 1. Tables/Benches: 1 – 5 _____
clean, seal, paint, damage, secure, replace 2. Shelters/Posts: 1 – 5 _____
clean, insects/nest, paint, shingles, damage 3. Pads: 1 – 5 _____
clean, litter, leaves, edged, damage, drop offs 4. Benches/Seatwalls: 1 – 5 _____
clean, paint, damage, secure, needed 5. Comments: _____

_____ <p>B. Accessories: _____</p> <ol style="list-style-type: none"> 1. Trash Containers: 1 – 5 _____
clean, lids, liners, emptied, pads, damage 2. Recycling Containers: 1 – 5 _____
clean, lids, liners, emptied, pads, damage 3. Fountains/Hydrants: 1 – 5 _____
clean, operational, leaks, drains, pads, remove 4. Ash Urns/Grills: 1 – 5 _____
clean, emptied, rusty, paint, damage, remove 5. Phones/Paper Boxes: 1 – 5 _____
operational, clean, damage, empty, remove 6. Dumpster Area: 1 – 5 _____
overflowing, clear, material stored, junk, litter 7. Comments: _____

_____ <p>C. Site Buildings: _____</p> <ol style="list-style-type: none"> 1. Exterior of Service Bldg.: 1 – 5 _____
clean, paint, lights, windows, roof, damage 2. Exterior of Storage Bldgs.: 1 – 5 _____
secure, clean, paint, lights, doors, junk, damage 3. Interior of Storage Bldgs.: 1 – 5 _____
clean, organized, supplies/parts, lights, floor 4. Exterior of Vending Bldg.: 1 – 5 _____
clean, paint, lights, glass, doors, roof, damage 5. Interior of Vending Bldg.: 1 – 5 _____
clean, trash, spills, glass, lights, operational 6. Comments: _____

_____ <p>III. Staff (Max. 10 pts.) _____</p> <ol style="list-style-type: none"> A. On Duty/ Working: 0 – 5 _____ B. Uniforms (Temp/Standard): 0 – 5 _____ C. General: <ol style="list-style-type: none"> 1. Supervisor(s) on Duty: ___ Yes ___ No 2. Grounds Cont. on Site: ___ Yes ___ No 3. Comments: _____

_____ | <p>IV. Parking/Walkways (Max. 10 pts.) _____</p> <ol style="list-style-type: none"> A. Ramps/Drives/Paths: 1 – 10 _____
litter, leaves, clippings, debris, ruts, damage B. Parking Lots/Curbs: 1 – 10 _____
litter, leaves, clippings, spills, striping, damage C. Lights-Area/Post/Flag: 1 – 10 _____
operational, damage, missing, needed D. Porch/Deck/Patio: 1 – 10 _____
clean, spills, litter, leaves, gum, damage, clutter E. Sidewalks/Steps/Trails: 1 – 10 _____
clean, litter, leaves, gum, edged, joints, damage F. Fencing/Railing/Signs: 1 – 10 _____
clean, painted, damaged, rotted, secure, needed G. Pet Stations/Areas: 1 – 10 _____
bags, containers, emptied, signs, clean, waste H. Comments: _____

_____ <p>V. Planting/Lawn (Max. 10 pts.) _____</p> <ol style="list-style-type: none"> A. Beds/Plantings: 1 – 10 _____
weeds, edging, pruning, damage, replace, litter B. Shrubs/Trees: 1 – 10 _____
pruning, damage, remove, replace, safety C. Lawn Areas: 1 – 10 _____
weeds, leaves/pods, bare spots, damage, litter D. Mowing/Trimming/Edging: 1 – 10 _____
quality, damage, height, clippings, debris, needed E. Mulch/Seed/Fertilizer/Pesticide: 1 – 10 _____
needed, quality, results, damage, off target F. Comments: _____

_____ <p>VI. Other (Max. 5 pts.) _____</p> <ol style="list-style-type: none"> A. Water/Sewer System: 1 – 5 _____
leaks, odor, general condition, pressure B. Reports/Inspections: 1 – 5 _____
water, light, illegal activity, supervisor work log C. Contract/Postings/Schedules: 1 – 5 _____
contract copy, cleaning, wages, pay, break & meal D. Safety Precautions: 1 – 5 _____
signs, PPE, MSDS/labels, 1st aid, fire ext, equip. E. Comments: _____

_____ |
|---|---|--|

VII. Comments/Problems/Plans for Overall Site: _____

Overall Score: _____

Level of Service Provided: 100–93 Exceeds Expectations _____ 92–90 Meets Expectations _____ 89 > Does Not Meet Expectations _____

INSPECTED BY: _____ CENTRAL ROADSIDE ENVIRONMENTAL UNIT RASM 11/15