

Retail Fitting Room Equipment Inspection Form

Store Name

Location

Inspector Name

Date

Time

Fitting Room Equipment Checklist

Item	Good	Needs Attention	Comments
Doors/Latches	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Mirrors	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Lighting	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Hooks	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Benches/Seats	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Security (CCTV/Alarms)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Comments/Actions Required

Inspector Signature

Date