Customer Service Desk Inspection Checklist

| Date: | | | | |
|--|------|------|-----|----------|
| Inspector Name: | | | | |
| | | | | |
| Location: | | | | |
| | | | | |
| Inspection Item | Pass | Fail | N/A | Comments |
| Desk area is clean and organized | | | | |
| All equipment functioning properly | | | | |
| Service staff present and identifiable | | | | |
| Information brochures available | | | | |
| Queue management in order | | | | |
| Additional Comments: | | | | |
| | | | | |