

Commercial Kitchen Equipment Pre-Delivery Inspection Form

Date

Inspected By

Department

Equipment Name/Type

Model No.

Serial No.

Supplier

Installation Location

Inspection Item	Pass	Fail	Comments
Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All Accessories Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Power/Utility Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Operation Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Safety Devices/Labels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Manuals/Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Observations

Inspector Signature

Date

Supervisor Signature

Date