## **Walk-Through**

| Audit Information |              |  |
|-------------------|--------------|--|
| Audit Type        | Walk-Through |  |
| Site Visit Date   | 7/17/2020    |  |
| LP Officer        |              |  |
| Participant       |              |  |

| Audit Results |     |  |
|---------------|-----|--|
| Score         | N/A |  |
| Status        | N/A |  |
| No. of Recs   | 0   |  |

| Location Information      |  |  |
|---------------------------|--|--|
| Location Name             |  |  |
| Location Code             |  |  |
| Mailing Address 1         |  |  |
| Mailing Address 2         |  |  |
| City, State, Zip          |  |  |
| Safety Contact            |  |  |
| Safety Contact Phone #    |  |  |
| Safety Contact Email      |  |  |
| Safety Supervisor         |  |  |
| Safety Supervisor Phone # |  |  |
| Safety Supervisor Email   |  |  |

Walk-Through

| Question       | Answer   |
|----------------|--|
| Finding        | The electrical socket located on the west wall of the waiting area is missing its cover plate.         |
| Recommendation | Replace the missing cover plate on the electrical socket located on the west wall of the waiting area. |



| Finding | The emergency light located in the                                 |
|---------|--|
|         | waiting area is not functioning.                                   |
|         | Repair or replace the emergency light located in the waiting area. |
|         | rocated in the waiting area.                                       |



| Finding | There was an unlabeled spray bottle located in the office area. |
|---------|---|
|         | Properly label the spray bottle located in the office area.     |

