

Annual Facility Checkup Form

Date: _____

Comp #1

Comp #2

Comp #3

Comp #4

Our Facility

Location					
Visibility					
Access					
Signage					
Traffic Exposure					
Appearance					
Maintenance					
TOTAL POINTS					
Occupancy					
Rates					
5x5					
5x10					
10x10					
10x15					
10x20					

