PRE-OCCASION BINGO EQUIPMENT INSPECTION LOG

Location Name: _____

Organizations' Names: _____

_____

Enter the date and the signature of the worker conducting the inspection. Enter any replacement sets, individual bingo balls or equipment failure in the appropriate column.

DATE	SESSION	BINGO BALLS	BINGO CONSOLE	FLASH-BOARD	BINGO BALL REPLACEMENTS	EQUIPMENT FAILURES	INSPECTED BY