

ANNUAL SQUASH COURT PREVENTATIVE MAINTENANCE REPORT

Report Date:		Facility Name:	
Court Profile Information			
Facility Contact Details			
Address:		City, State, Zip Code:	
Contact Person:		Position:	
Telephone:		Email:	
Contact Person:		Position:	
Telephone:		Email:	
Number Of Courts:		Singles:	Doubles:
Type of Court Walls:	<input type="checkbox"/> Fiberesin Panel	<input type="checkbox"/> Armourcourt Plaster	<input type="checkbox"/> Edgegrain Maple
Describe:			
Headwalls:			
Sidewalls:			
Backwalls:			
Any Maintenance Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain Below			
Walls:			
Flooring:			
Glass backs (alignment problems? Missing hardware?)			
Other (Out of play lines, tins, netting, tape?)			
Request for Action			
<input type="checkbox"/> Please have an Anderson Courts supervisor call me			
<input type="checkbox"/> Please ask your crew to make a site visit when nearby			
<input type="checkbox"/> Ok for now - thank you!			
Signature:			
Print Name:			
For Anderson Office Use Only			
Maintenance Checks		Repairs Checks	
1. Date:		1. Date	
Completed:		Completed:	
2. Date:		2. Date	
Completed:		Completed:	
3. Date:		3. Date	
Completed:		Completed:	
4. Date:		4. Date	
Completed:		Completed:	
Court(s) Installation Date:		Job #:	