UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL
PARK SERVICE
PERIODIC CONCESSION EVALUATION REPORT

(Overnight Accommodations) – Standard No. IV

FORM 10-604 (Rev. 6/82)

Concid#:		Name of Concessioner:	
Region:		Facility/Service:	
Year of Evaluation:			

NOTICE TO CONCESSIONER: The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your

ELEMENTS/CLASSIFICATION
Check (Box) in space provided - applicable elements (APP.)
Check (Box) in space provided - those which are deficient (DEF.)

Element A. FACILITY EXTERIOR		APP.	DEF.
1.	Structure Condition (B)		
2.	Grounds (B)		
3.	Public Signs (C)		
4.	Garbage and Trash (A)		

Element B. FACILITY INTERIOR		APP.	DEF.
5.	Public Restrooms (A)		
6.	Public Signs (C)		
7.	Public and Other Areas (B)		

Element C. OPERATIONAL		APP	DEF
8.	Employee Performance (A)		
9.	Employee Attitude (A)		
10.	Employee Appearance (A)		
11.	Reservation & Deposit Refunds (B)		
12.	Identification of Area (C)		
13.	Operating Hours (B)		
14.	Staffing (A)		
15	Room Availability (B)		
16.	Informational Material (C)		

Element D. RATES		APP.	DEF.
17.	Authorized Rates (A)		
18.	Posting of Rates (B)		

Element E. ROOM HOUSEKEEPING & SERVICES PROVIDED		APP.	DEF.
19.	Room Organization (C)		
20.	Furniture && Furnishings (B)		
21.	Window Coverings (B)		
22.	Floor, Walls, Ceilings, && Windows (B)		
23.	Bedding (A)		
24.	Bed Condition (A)		
25.	Illumination (B)		
26.	Environment (B)		
27.	Security (A)		
28.	Utilities/Appliances (B)		
29.	Vending (C)		
30	Beverage Container Guidelines (B)		

Element F. BATHROOM		APP.	DEF.
31.	Linen (A)		
32.	Soap (B)		
33.	Toilet/Facial Tissues (B)		
34.	Drinking Containers (B)		
35.	Wastebaskets (C)		
36.	Shower Enclosures (B)		
37.	Tub/Shower (A)		
38.	Fixtures (A)		
39.	Environment (A)		

ITEM #	EVALUATION OBSERVATION	CORRECTED BY (Date)	CORRECTED BY (Date)

EVALUATION DATE	# OF OBSERVATIONS BY CLASSIFICATIONS			NUMERIC PERIODIC RATING	NPS EVALUATOR SIGNATURE	CONCESSIONER SIGNATURE
INITIAL	A	B	C			
				Preliminary		
FOLLOW-UP						
				Final		

REMARKS: