

Dormitory Room Inspections Checklist

 Show only Checklist

Display Style
Default 

General Room Condition

Overall appearance and cleanliness of the room. Focuses on general upkeep.

Room Number

Enter a number...

Overall Room Cleanliness (Subjective)

- Excellent
- Good
- Fair
- Poor



Any visible damage or disrepair?

Write something...

Evidence of pests (insects, rodents)?

- Yes
- No
- Unsure

Resident Name (if present)

Write something...

Temperature (Approximate)

Enter a number...

Structural Integrity

Assessment of the room's physical structure, including walls, floors, and ceiling.

Cracks in Walls/Ceiling?

- None
- Minor (less than 1/4 inch)
- Moderate (1/4 - 1/2 inch)
- Severe (greater than 1/2 inch)

Condition of Flooring

- Good
- Fair
- Poor - Requires Repair

Number of Wall/Ceiling Repairs Needed

Enter a number...

Description of Flooring Damage (if any)

Write something...

Condition of Window/Door Frames

- Good
- Fair
- Poor - Requires Repair

Evidence of Water Damage?

- No
- Yes - Minor
- Yes - Moderate
- Yes - Severe

Detailed Description of Structural Concerns (if any)

Write something...

HVAC & Ventilation

Inspection of heating, ventilation, and air conditioning systems and vents.

HVAC Unit Operational Status?

- Operational
- Not Operational
- Noisy
- Malfunctioning

Room Temperature (Fahrenheit)

Enter a number...

Vent Filter Condition?

- Clean
- Slightly Dirty
- Dirty
- Very Dirty

Describe any unusual noises from the HVAC unit:

Write something...

Airflow from vents?

- Adequate
- Weak
- Blocked

HVAC Unit Serial Number (if visible)

Enter a number...

Plumbing & Fixtures

Evaluation of sinks, toilets, showers, and related plumbing.

Sink Condition

- Excellent
- Good
- Fair
- Poor
- Needs Repair

Toilet Functionality

- Flushing Properly
- Running/Leaking
- Cracked/Damaged
- Needs Repair

Shower/Tub Condition

- Excellent
- Good
- Fair
- Poor
- Needs Repair

Water Pressure (Scale of 1-10)

Enter a number...

Leaks or Water Damage

Write something...

Faucet Condition

- Good
- Dripping
- Damaged
- Needs Replacement

Additional Plumbing Notes

Write something...

Electrical Systems

Check of outlets, lighting fixtures, and electrical safety.

Outlet Count

Enter a number...

Outlet Condition (each)

- Functional
- Damaged
- Loose
- Missing

Light Fixture Condition

- Working
- Dim
- Flickering
- Broken/Missing

Number of Extension Cords/Power Strips

Extension Cord/Power Strip Condition (If present)

- Safe & Certified
- Damaged
- Overloaded

GFCI Status (if applicable)

- Present & Working
- Present & Not Working
- Not Applicable

Safety & Security

Focuses on fire safety, emergency exits, and room security features.

Smoke Detector Present and Functioning?

- Yes
- No
- N/A - Battery Checked

Fire Extinguisher Present (if applicable)?

- Yes
- No
- N/A

Window Locks Functional?

- Yes
- No
- Broken

Door Secure (closes and locks properly)?

- Yes
- No
- Damage/Issues

Emergency Exit Route Familiarity (1-5 scale, 1=Not Familiar, 5=Very Familiar)

Enter a number...

Security Concerns/Observations

Write something...

Carbon Monoxide Detector Present and Functioning?

- Yes
- No
- N/A

Furniture & Fittings

Inspection of beds, desks, chairs, and built-in storage.

Bed Frame Condition

- Excellent
- Good
- Fair
- Poor
- Needs Repair

Mattress Condition

- Excellent
- Good
- Fair
- Poor
- Needs Replacement

Desk Condition

- Excellent
- Good
- Fair
- Poor
- Needs Repair

Number of Chairs Present

Enter a number...

Description of Damage (if any) to furniture

Write something...

Drawer/Closet Functionality

- Fully Functional
- Minor Issues
- Significant Issues
- Broken/Missing

Attach Photos of Furniture Damage (Optional)

 Upload File

Cleanliness & Sanitation

Detailed assessment of cleanliness - trash disposal, surface cleaning, etc.

Trash Receptacle Condition

- Empty & Clean
- Partially Full
- Full & Needs Emptying
- Overflowing

Floor Cleanliness

- Clean
- Slightly Dirty
- Noticeably Dirty
- Excessively Dirty

Surface Cleanliness (Desk/Bed)

- Clean
- Slightly Dusty
- Dusty
- Sticky/Grimey

Number of Full Trash Bags

Enter a number...

Additional Sanitation Notes

Write something...

Bathroom Cleanliness (if applicable)

- Clean
- Slightly Dirty
- Dirty
- Excessively Dirty

Presence of Pests

- No Evidence
- Minor Evidence
- Significant Evidence