



# Dormitory Room Inspections Checklist

## 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

Enter a number...

### 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