

SAMPLE INSPECTION FORM

RESIDENTIAL INFORMATION

Residence Hall: _____

Room Number: _____

Reasonable efforts must be made to maintain proper personal cleanliness and hygiene. Rooms and apartments must be kept clean and sanitary at all times.

CLEANLINESS, HEALTH & HYGIENE

<input type="checkbox"/>	None
<input type="checkbox"/>	Dirty ceiling
<input type="checkbox"/>	Dirty floor
<input type="checkbox"/>	Dirty mirror
<input type="checkbox"/>	Dirty vanity/sink
<input type="checkbox"/>	Dirty wall(s)
<input type="checkbox"/>	Excessive trash
<input type="checkbox"/>	Empty alcohol containers
<input type="checkbox"/>	Other:

FIRE SAFETY

<input type="checkbox"/>	None
<input type="checkbox"/>	Removed, disabled or covered smoke detector
<input type="checkbox"/>	Covered or items attached to sprinkler
<input type="checkbox"/>	Disabled or removed door closer
<input type="checkbox"/>	Prohibited appliance
<input type="checkbox"/>	Other:

ELECTRICAL SAFETY

<input type="checkbox"/>	None
<input type="checkbox"/>	Extension cords
<input type="checkbox"/>	More than 2 power strips
<input type="checkbox"/>	Power strips plugged into each other or modifications to wiring
<input type="checkbox"/>	Octopus or multi-outlet device
<input type="checkbox"/>	No breaker on power strip
<input type="checkbox"/>	Other:

OTHER POLICIES

<input type="checkbox"/>	None
<input type="checkbox"/>	Bicycles, candles/incense/flammables, damages/vandalism, decorating/posting
<input type="checkbox"/>	Door/door locks, unauthorized entry
<input type="checkbox"/>	Drugs/paraphernalia
<input type="checkbox"/>	Explosives or weapons
<input type="checkbox"/>	Halogen lamps
<input type="checkbox"/>	Unauthorized pets
<input type="checkbox"/>	Smoking
<input type="checkbox"/>	Theft/non-accidental damage
<input type="checkbox"/>	Windows, balconies and patios
<input type="checkbox"/>	Other:

BATHROOM

RESIDENTIAL INFORMATION

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CLEANLINESS, HEALTH & HYGIENE

<input type="checkbox"/>	None
<input type="checkbox"/>	Dirty ceiling
<input type="checkbox"/>	Dirty floor
<input type="checkbox"/>	Dirty mirror
<input type="checkbox"/>	Dirty vanity/sink
<input type="checkbox"/>	Dirty shower/tub
<input type="checkbox"/>	Dirty shower curtain
<input type="checkbox"/>	Dirty toilet
<input type="checkbox"/>	Dirty wall(s)
<input type="checkbox"/>	Excessive trash
<input type="checkbox"/>	Empty alcohol containers
<input type="checkbox"/>	Other:

FIRE SAFETY

<input type="checkbox"/>	None
<input type="checkbox"/>	Removed, disabled or covered smoke detector
<input type="checkbox"/>	Covered or items attached to sprinkler
<input type="checkbox"/>	Prohibited appliance
<input type="checkbox"/>	Other:

ELECTRICAL SAFETY

<input type="checkbox"/>	None
<input type="checkbox"/>	Extension cords
<input type="checkbox"/>	Other:

OTHER POLICIES

<input type="checkbox"/>	None
<input type="checkbox"/>	Bicycles, candles/incense/flammables, damages/vandalism, decorating/posting
<input type="checkbox"/>	Drugs/paraphernalia
<input type="checkbox"/>	Smoking
<input type="checkbox"/>	Theft/non-accidental damage
<input type="checkbox"/>	Other:

APARTMENT KITCHEN

RESIDENTIAL INFORMATION

Residence Hall: _____

Room Number: _____

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CLEANLINESS, HEALTH & HYGIENE

	None
	Dirty ceiling
	Dirty floor
	Dirty cabinets
	Dirty counter
	Dirty sink
	Dirty wall(s)
	Dirty microwave
	Excessive trash
	Empty alcohol containers
	Other:

OTHER POLICIES

	None
	Candles/incense/flammables, damages/vandalism, decorating/posting
	Drugs/paraphernalia
	Explosives or weapons
	Halogen lamps
	Smoking
	Theft/non-accidental damage
	Other:

FIRE SAFETY

	None
	Removed, disabled or covered smoke detector
	Covered or items attached to sprinkler
	Prohibited appliance
	Other: