

Pre-Occupancy Room Inspection Sample Form

Resident Name:

Room Number:

Inspection Date:

Inspector Name:

Room Condition Checklist

| Area / Item | Condition (Good / Fair / Poor) | Notes |
|------------------------------------|-----------------------------------|-------|
| Entry Door | | |
| Windows & Locks | | |
| Walls & Ceiling | | |
| Flooring | | |
| Furniture (Bed, Desk, Chair, etc.) | | |
| Lighting / Fixtures | | |
| Electrical Outlets | | |
| Closet / Wardrobe | | |
| Bathroom (if applicable) | | |
| Other | | |

Additional Comments:

Inspector Signature: _____ Date: _____

Resident Signature: _____ Date: _____