

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: _____