

# Room Maintenance Inspection Form

Room Number

Inspector Name

Date

Time

Item	Condition	Comments
Walls & Paint	Select <input type="button" value="▼"/>	<input type="text"/>
Flooring	Select <input type="button" value="▼"/>	<input type="text"/>
Ceiling	Select <input type="button" value="▼"/>	<input type="text"/>
Doors & Locks	Select <input type="button" value="▼"/>	<input type="text"/>
Windows	Select <input type="button" value="▼"/>	<input type="text"/>
Lights	Select <input type="button" value="▼"/>	<input type="text"/>
HVAC	Select <input type="button" value="▼"/>	<input type="text"/>
Plumbing	Select <input type="button" value="▼"/>	<input type="text"/>

Additional Notes

Inspector Signature

