

# Room Maintenance Inspection Form

Room Number

Inspector Name

Date

Time

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

Additional Notes

Inspector Signature

