

# Turnover Room Inspection Checklist

Room Number

Date

Building/Floor

Inspected By

Tenant Name

## Checklist

Item/Area	Good	Needs Repair	Remarks
Walls & Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Doors & Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Windows & Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lighting Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Plumbing (Faucet, Shower, Toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cabinets & Closets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Appliances (If Any)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## General Comments

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Tenant Signature / Date

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Inspector Signature / Date