

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



Tenant Signature / Date

Inspector Signature / Date