

Room Turnover Condition Review Sheet

Room Number

Date

Inspected By

Condition Checklist

Item	Condition	Comments
Floor	<input type="text"/>	<input type="text"/>
Walls	<input type="text"/>	<input type="text"/>
Ceiling	<input type="text"/>	<input type="text"/>
Windows	<input type="text"/>	<input type="text"/>
Furniture	<input type="text"/>	<input type="text"/>
Lighting	<input type="text"/>	<input type="text"/>
Bathroom	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

General Notes

Inspector Signature

Supervisor Signature

Date