

ROOM CONDITION REPORT (rev. Spring 2003):

HOUSE NAME:

Room #:

Due to Central Maintenance or VPSM by one month of start of contract

CHECK IN			CHECK OUT		
Item	OK	Specific damage & location	OK	Specific damage & location	Charges
1. Walls & Ceiling					
Large holes or cracks?					
Paint appearance?					
2. Closet/Wardrobe					
Hinges operating properly?					
Doors intact?					
3. Desk number _____					
Drawers open/close smoothly?					
Condition of finish?					
4. Dresser number _____					
Drawers open/close smoothly?					
Condition of finish?					
5. Bed number of mattresses _____					
Frame assembly sturdy					
Rips, excessive wear, mold, lumps?					
6. Chairs number _____					
Legs securely fastened?					
Surface condition: nails, holes?					
7. Other					
8. Outlets & Lights					
Functional? Including switches, covers on lights & outlets					
9. Heat Sources					
Operates?					
Carbon Monoxide Detector? (if gas heater is in room)					
10. Doors & Windows					
Shuts properly, hinges work?					
Locks functional					
Window bar releases? (if present)					
11. Smoke Detector					
Operates?					

Resident name(s):

Total Check-Out charges:

Date:

Date:

Manager name:

Manager name:

Signature:

Signature: