Hostel Bedspace Turnover Inspection Sheet

Resident Name

Room Number

Bed Number

Check-in Date

Check-out Date

Inspector Name

Inspection Items

Item	Condition on Check-in	Condition on Check-out	Remarks
Bed Frame			
Mattress			
Pillow			
Bedsheet			
Locker			
Table			
Chair			
Other			

Additional Notes

Resident Signature

_____

Date

Inspector Signature

_____

Date