

# Room Inspection Report

Date

Inspector Name

Room Number

Occupant Name

Inspection Type

## Cleanliness

Floors

Windows

Beds & Linen

Bathroom

Other Comments

## Maintenance

Lighting

Furniture

Appliances

HVAC

Other Comments

Safety

Smoke Detector

Electrical Outlets

Emergency Exits Clear

Other Comments

---

General Notes

Inspector Signature

Date