

Resident Room Inspection

The resident and staff note damages before the resident moves into the room. The resident must notify staff by the end of their shift of any new damages. Staff submit work orders for damages noted and reported.

Resident Name: _____ **OID:** _____

Unit: _____ **Room #** _____ **Date In:** _____ **Date Out:** _____

Inspection Items (Check if not damaged or note as "Damaged")	Pre-Occupancy Condition	Work Order Written	Post- Occupancy Condition	Work Order Restitution
Window				
Window Screen / Covering				
Window Latch				
Door (Behind and Front)				
Door Window				
Door Lock / Handle				
Bed				
Bed Mattress				
Pillow				
Locker				
Locker Door				
Locker Hinges / Hardware				
Locker Drawers				
Desk				
Desk Seat				
Desk Shelving				
Floors				
Walls				
Lights				
Light Coverings / Switch				
Bulletin Board				
Register Controls				
Registers / Vents				
Paint				
Intercom				

I understand that I am responsible for any damages other than those noted above. I understand I may be charged restitution for any damage that happens while I live in the room.

Resident Signature _____ Date _____

Pre-Occupancy Staff Signature _____ Date _____
 Printed Name _____

Post-Occupancy Staff Signature _____ Date _____
 Printed Name _____