

**Sample Inspection Checklist**

<b>Site—Overall</b>	<b><i>Condition</i></b>	<b><i>Comments</i></b>
<input type="checkbox"/> Curbs/Sidewalks	_____	_____
<input type="checkbox"/> Parking Areas	_____	_____
<input type="checkbox"/> Landscaping	_____	_____
<input type="checkbox"/> Recreational Areas	_____	_____
<input type="checkbox"/> Trash containers	_____	_____
<input type="checkbox"/> Fences/Gates	_____	_____
<input type="checkbox"/> Signage	_____	_____
<input type="checkbox"/> Lighting (Interior)	_____	_____
<input type="checkbox"/> Lighting (Exterior)	_____	_____
<input type="checkbox"/> Cleanliness	_____	_____

<b>Building—Overall</b>	<b><i>Condition</i></b>	<b><i>Comments</i></b>
<input type="checkbox"/> Roofs	_____	_____
<input type="checkbox"/> Gutters	_____	_____
<input type="checkbox"/> Windows	_____	_____
<input type="checkbox"/> Window screens	_____	_____
<input type="checkbox"/> Walls	_____	_____
<input type="checkbox"/> Stairs	_____	_____
<input type="checkbox"/> Hallways	_____	_____
<input type="checkbox"/> Balconies	_____	_____
<input type="checkbox"/> Mailboxes	_____	_____
<input type="checkbox"/> HVAC/Boiler	_____	_____
<input type="checkbox"/> Water Heaters	_____	_____
<input type="checkbox"/> Electrical system	_____	_____
<input type="checkbox"/> Basement	_____	_____

<b>Units—Overall</b>	<b><i>Condition</i></b>	<b><i>Comments</i></b>
<input type="checkbox"/> Doors	_____	_____
<input type="checkbox"/> Carpeting	_____	_____
<input type="checkbox"/> Walls	_____	_____
<input type="checkbox"/> Ceilings	_____	_____
<input type="checkbox"/> Paint	_____	_____

- Appliances \_\_\_\_\_
- Plumbing Fixtures \_\_\_\_\_
- Plumbing \_\_\_\_\_
- Intercom \_\_\_\_\_
- Smoke Detectors \_\_\_\_\_

**Bathrooms**

*Condition    Comments*

- Doors \_\_\_\_\_
- Flooring \_\_\_\_\_
- Walls \_\_\_\_\_
- Ceilings \_\_\_\_\_
- Fixtures \_\_\_\_\_
- Showers \_\_\_\_\_
- Plumbing \_\_\_\_\_
- Windows \_\_\_\_\_

**Kitchen**

*Condition    Comments*

- Doors \_\_\_\_\_
- Flooring \_\_\_\_\_
- Walls \_\_\_\_\_
- Ceiling \_\_\_\_\_
- Appliances \_\_\_\_\_
  - Range \_\_\_\_\_
  - Oven \_\_\_\_\_
  - Refrigerator \_\_\_\_\_
  - Freezer \_\_\_\_\_
  - Dishwasher \_\_\_\_\_
  - Disposal \_\_\_\_\_
  - Dispensers \_\_\_\_\_
  - Ice machine \_\_\_\_\_
- Fixtures \_\_\_\_\_
- Plumbing \_\_\_\_\_
- Fire system \_\_\_\_\_

Fire extinguishers \_\_\_\_\_

	<b>Common Areas</b>	<b><i>Condition</i></b>	<b><i>Comments</i></b>
<input type="checkbox"/>	Doors _____	_____	_____
<input type="checkbox"/>	Flooring _____	_____	_____
<input type="checkbox"/>	Walls _____	_____	_____
<input type="checkbox"/>	Ceilings _____	_____	_____
<input type="checkbox"/>	Blinds/Drapes _____	_____	_____
<input type="checkbox"/>	Furniture _____	_____	_____
<input type="checkbox"/>	Fixtures _____	_____	_____

<b>Security/Safety</b>	<i>Condition</i>	<i>Comments</i>
<input type="checkbox"/> Intercom _____	_____	_____
<input type="checkbox"/> Burglar Alarm _____	_____	_____
<input type="checkbox"/> Locks _____	_____	_____
<input type="checkbox"/> Smoke Detectors _____	_____	_____
<input type="checkbox"/> Battery _____	_____	_____
<input type="checkbox"/> Hardwire _____	_____	_____
<input type="checkbox"/> Monitored _____	_____	_____
<input type="checkbox"/> Fire Extinguishers _____	_____	_____
<input type="checkbox"/> Sprinkler System _____	_____	_____
<input type="checkbox"/> Fire Suppression _____	_____	_____
<input type="checkbox"/> Fencing _____	_____	_____
<input type="checkbox"/> Fire Escapes/Doors _____	_____	_____
<b>Amenities</b>	<i>Condition</i>	<i>Comments</i>
<input type="checkbox"/> Laundry Rooms _____	_____	_____
<input type="checkbox"/> Washers _____	_____	_____
<input type="checkbox"/> Dryers _____	_____	_____
<input type="checkbox"/> Exercise Equipment _____	_____	_____
<input type="checkbox"/> Outdoor Pool _____	_____	_____
<input type="checkbox"/> Television/VCR _____	_____	_____
<input type="checkbox"/> Pool Table _____	_____	_____

**Sample Check-in/Check-out Form**

This is similar to an overall inspection form. However, it will focus only on items in a brother's particular room. The brother and the Director of House Operations should use the same form, with signatures indicating the agreed-upon condition of the room. At the end of each term, or minimally year, the form will be updated and reviewed. This will ensure that it is easy to note any changes in the room accordingly and assess any fines or damage bills as may be required.