

8 CES

HEALTH & WELLNESS

DORMITORY ROOM INSPECTION CHECKLIST

ROOM:	BLDG:		OCCUPANT:			
OUTSTANDING – No improvement needed, item could not be in better condition SATISFACTORY- Minor improvement needed, item could be better but meets standards UNSATISFACTORY- Major improvement needed, item needs correction to be within standards			<div style="writing-mode: vertical-rl; transform: rotate(180deg);">OUTSTANDING</div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">SAT</div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">UNSAT</div>	
LIVING QUARTERS / ROOM / LATRINE						
1.	SECURITY (PROPER DOOR LOCK FUNCTION)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	BED (CLEAN / PROPER BED FRAME SETUP)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	FLOOR / TILE & CARPET (CLEAN & VACUUMED)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	TRASH (NO EXCESSIVE TRASH)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	APPEARANCE (UNCLUTTERED & NEATLY ARRANGED)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	WINDOW (LEDGE, SILL, & GLASS CLEAN)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	CEILING FAN (DUSTED / NOT BROKEN)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	FURNITURE (GOOD CONDITION / SERVICEABLE)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	BATHROOM (CLEAN / FREE OF MOLD/MILDEW / COMMODE CLEAN)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN AREA / QUAD						
10.	KITCHEN (CLEAN / NO DIRTY DISHES)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	STOVE / OVEN / REFRIGERATOR (CLEAN / NO SPILLS / NO EXPIRED FOOD)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	PANTRY (OLD, UNUSED AND EXPIRED ITEMS DISCARDED)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	PERSONAL APPLIANCES (CLEAN / FREE OF FOOD & MOLD)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	FLOOR (CLEAN & MOPPED)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL LIVING AREA						
15.	WALLS/CEILINGS/VENTS (CLEAN / NO DAMAGE / NO EXPLICIT OR SEXUAL DECOR)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	SAFETY (FREE OF FIRE HAZARDS / NO OVERLOADED CIRCUITS & FRAYED ELECTRICAL CORDS / PROPER FURNITURE ARRANGEMENT)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS:						
PASS <input type="checkbox"/>		FAIL <input type="checkbox"/>		PASS = 3 or less UNSAT FAIL = 4 or more UNSAT		
ROOM INSPECTED BY:						
DATE:			REINSPECTION DATE AND TIME:			