

Department of Residence Life
HEALTH & SAFETY INSPECTION REPORT

BUILDING: _____ **ROOM:** _____ **Resident Present (print name):** _____

1ST INSPECTION BY: _____ **INSPECTION DATE:** _____ **TIME:** _____

2ND INSPECTION BY: _____ **INSPECTION DATE:** _____ **TIME:** _____

SLEEP/STUDY AREAS	Pass	Fail	Comments
Walls & Ceiling			
Floor/Carpet			
Furniture			
Smoke Alarm, Fire Extinguisher			
Window, Blinds, Screen			
Door			
Voice/Data/Cable			
Electric & Lighting			
Trash			
Odors			

	Pass	Fail	Comments
Toilet			
Sink & Fixtures			
Shower/Tub			
Floor/Tile			
Walls & Ceiling			
Fixtures			
Electrical & Lighting			
Trash			
Odors			

	Pass	Fail	Comments
Sink & Fixtures			
Cabinets			
Stove			
Refrigerator			
Floor/Carpet			
Walls & Ceiling			
Electrical & Lighting			
Fixtures			
Trash			
Odors			

MAINTENANCE NEEDS

Description	TMA #

This room has **PASSED FAILED** 1st inspection.

Note: Failure of second inspection will result in a minimum \$25 fine per resident and possible conduct action.

This room has **PASSED FAILED** 2nd inspection.

Staff Signature

Resident Signature