



Room Inspection- Check In/Check Out Form

Date: _____

Room Number: _____

Resident's Name: _____ **Roommate(s)** _____

ITEM	CHECK IN HC\HD NOTES	CHECK IN RESIDENT NOTES	CHECK OUT RESIDENT NOTES	CHECK OUT HC\HD NOTES
Doors: Handles Frame\Hinges				
Walls				
Ceiling				
Shelves				
Closet: Door\Shelf Clothing Rod				
Desks\Dressers: Knobs Drawers				
Chairs				
Beds: Slats Mattress\Box Spring				
Flooring				
Sprinkler Heads				
Smoke Detectors				
Light Switches Light Fixtures				
Electrical Outlets Outlet Covers				
Window: Locks Screens Blinds				
Miscellaneous				

NOTE- ANY DAMAGES OR MISSING ITEMS NOT LISTED ON THIS PAGE WHEN YOU CHECK OUT WILL BE YOUR RESPONSIBILITY

I understand that this form reflects the condition of the room I have licensed from the chapter's housing corporation or national organization and that I am to leave the room in the same condition in which I received it. I further understand that I am obligated to schedule a check out time with my chapter House Director (if applicable), House\Property Manager, and\or House Corporation Representative upon the end of license terms. I understand that failure to follow proper check-out procedures will result in a \$200 fine. Finally, I understand that any damage that occurs to my room during my period of residence will be charged against my room deposit and\or to my university account (if applicable).

Additional Comments:

I have read, completed and agree with all assessments made in this form at the time of check-in.

Resident Signature

Date

House Director or Manager Signature

Date

House Corporation Representative Signature

Date

I have read, completed and agree with all assessments made in this form at the time of check-out.

Resident Signature

Date

House Director or Manager Signature

Date

House Corporation Representative Signature

Date