

# Room Condition Inventory

**Hall**                      **Room**

Item	Check-In Condition	Check Out Condition
Ceiling		
Walls		
Room Door		
Floor		
Closets		
Closet Door		
Overhead Cupboard		
Towel Racks		
Desk Chairs		
Desks		
Cork Boards		
Mattresses		
Bed Springs/Frames		
Door Viewer		
Bureaus		
Mirrors		
Overhead lights		
Windows		
Screens		
Drapes		
Shades/blinds		
Window blocks		
Sprinkler head/Ductwork		
Data Jacks		
Other (Loft System, receptacles, etc)		

### Check In Condition

I accept responsibility as of this date for these items and conditions. I understand that I will be charged at the replacement or repair cost, including labor, for loss and damages incurred.

### Check Out Condition

I understand that the damages listed above are preliminary and that additional charges may be billed to me after the final room inspection.

Staff Initials	Date	Student Signature

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