# Student Apartment Inspection Form - Singles

An Inspection was done for apartment/suite #_______ on __________. Inspection performed by: __________________________________________

The following concerns were noted:

<table>
<thead>
<tr>
<th>Area:</th>
<th>Condition:</th>
<th>Comments/Damages:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clean</td>
<td>Somewhat Dirty</td>
</tr>
</tbody>
</table>

## KITCHEN:
- Stove/Oven: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Hood/Filter: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Refrigerator: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Counter Tops: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Linoleum Floor: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Walls: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Ceilings: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Sink: [ ] Clean [ ] Somewhat Dirty [ ] Dirty

## BATHROOM #1:
- Bathtub/Enclosure/Door: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Floor: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Toilet: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Counter Tops/Mirror: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Walls: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Ceilings: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Sink: [ ] Clean [ ] Somewhat Dirty [ ] Dirty

## BATHROOM #2:
- Bathtub/Enclosure/Door: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Floor: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Toilet: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Counter Tops/Mirror: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Walls: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Ceilings: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Sink: [ ] Clean [ ] Somewhat Dirty [ ] Dirty

## LIVING ROOM:
- Carpet: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Walls: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Ceilings: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Couch: [ ] Clean [ ] Somewhat Dirty [ ] Dirty

## BED ROOM:
- A: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Carpet: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Walls/Ceilings: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Furniture: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Closets: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Blinds/Windows: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- B: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Carpet: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Walls/Ceilings: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Furniture: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Closets: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Blinds/Windows: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- C: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Carpet: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Walls/Ceilings: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Furniture: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Closets: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Blinds/Windows: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- D: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Carpet: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Walls/Ceilings: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Furniture: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Closets: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
  - Blinds/Windows: [ ] Clean [ ] Somewhat Dirty [ ] Dirty

## MISC:
- Patio: [ ] Clean [ ] Somewhat Dirty [ ] Dirty
- Hall Closets: [ ] Clean [ ] Somewhat Dirty [ ] Dirty

## FIRE SAFETY:
- Smoke Detector: Attached? [ ] Yes [ ] No
- Working? [ ] Yes [ ] No
- Sprinkler Head: Drips? [ ] Yes [ ] No
- Fire Extinguisher: Attached? [ ] Yes [ ] No
- Pressurized? [ ] Yes [ ] No
- Window Egress: Windows Blocked? [ ] Yes [ ] No

## DEFERRED MAINTENANCE ISSUES

<table>
<thead>
<tr>
<th>Appliances:</th>
<th>Stove Top [ ]</th>
<th>Oven [ ]</th>
<th>Fridge [ ]</th>
</tr>
</thead>
</table>

Other issues or concerns:

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**Action Taken:** 1st Check Pass [ ] 1st Check Fail [ ] 2nd Check Date (1 week): ________ 2nd Check Pass [ ] 2nd Check Fail [ ] Refer to RLC [ ]

Note: Refer to RLC after 2nd check has failed.

Inspector Signature: __________________________________________ Date: __________________________

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