# University Village Inspection Form

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></td>
</tr>
<tr>
<td></td>
<td>Somewhat Dirty</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dirty</td>
<td></td>
</tr>
</tbody>
</table>

## KITCHEN:
- Stove/Oven
- Refrigerator
- Counter Tops
- Cupboards
- Stools
- Floor
- Walls
- Ceilings
- Sink

## BATHROOM #1:
- Bathtub/Shower/Enclosure/Door(s)
- Floor
- Toilet
- Counter Tops/Mirror
- Walls
- Ceilings
- Sink

## BATHROOM #2:
- Bathtub/Shower/Enclosure/Door(s)
- Floor
- Toilet
- Counter Tops/Mirror
- Walls
- Ceilings
- Sink

## LIVING/DINING ROOM:
- Coffee Table
- Couch/Sofa/Chair
- Walls
- Ceilings
- Floor

## BEDROOM:
- **A**
  - Carpet
  - Walls/Ceilings
  - Furniture
  - Closets
  - Closet Doors
  - Blinds/Windows
  - Air Conditioner
- **B**
  - Carpet
  - Walls/Ceilings
  - Furniture
  - Closets
  - Closet Doors
  - Blinds/Windows
  - Air Conditioner

## 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
- Appliances: Oven ☐ Fridge ☐

## OTHER ISSUES OR CONCERNS:
__________________________________________________________
__________________________________________________________

**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: ________________