

Individual Room Check

Fraternity/Sorority _____

Room # _____

Roommate #1 _____ (print) Roommate #2 _____ (print)

Roommate #3 _____ (print)

Please use the space between the items to write comments about the condition of the item and what needs to be fixed.

Walls – holes or cracks? Yes ___

Ceiling – holes or cracks? Yes ___

Floor – holes? Yes ___

Windows – glass broken? Yes ___

Screens in windows? Yes ___

No ___

Door – does it close? Yes ___

No ___

Door – is lock correct and stops in place? Yes ___

No ___

Fire detector working? Yes ___

No ___

Fire detector higher than the bed/loft? Yes ___

No ___

Is loft chained to the ceiling? Yes ___

Is mattress the same size as the loft? Yes ___

No ___

Do light fixtures and bulbs have covers? Yes ___

No ___

Are fire sprinkler pipes being used to hang clothes? Yes ___

(NOTE: The answers in the **boxes** are the answers you should have checked off if the room is to pass inspection. If your responses are not the answers in **boxes**, you will need to fix the problems before the room will pass inspection. DO NOT mark the incorrect boxes because you will have to fix them anyway before your house passes inspection!)

Please return to your house manager when completed.

Hallways

Walls – holes or cracks? Yes___ No___

Ceiling – holes or cracks? Yes___ No___

Floor – holes? Yes___ No___

Windows – glass broken? Yes___ No___

Screens in windows? Yes___ No___

Carpet condition (class II carpet)? Good___ Poor___

Condition of the floors in hallway? Good___ Poor___

Is *anything* blocking the hallways? Yes___ No___

Fire extinguishers clearly identified, charged, inspected?..... Yes___ No___

Exit signs clearly marked and illuminated?..... Yes___ No___

Kitchen

Stove has functioning overhead exhaust system that has been inspected and tagged within the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire stopping in place?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At least one electrical light fixture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Covers on fluorescent lights?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Walls – holes or cracks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ceiling – holes or cracks?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floor – holes?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sufficient cold water?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hot water (between 110 – 130 F)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windows – glass broken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Screens in windows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Door – does it close?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plumbing connections capped off and drains clear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Social Event/Dining Area

Walls – holes or cracks?.....	Yes___	<input type="checkbox"/> No___
Ceiling – holes or cracks?.....	Yes___	<input type="checkbox"/> No___
Floor – holes?.....	Yes___	<input type="checkbox"/> No___
Windows – glass broken?	Yes___	<input type="checkbox"/> No___
Screens in windows?	<input type="checkbox"/> Yes___	No___
Locks on windows functioning?	<input type="checkbox"/> Yes___	No___
Door – does it close?	<input type="checkbox"/> Yes___	No___
Furniture in good condition?.....	<input type="checkbox"/> Yes___	No___
Sufficient lighting with covers?	<input type="checkbox"/> Yes___	No___
Emergency lights work?	<input type="checkbox"/> Yes___	No___
Fire extinguishers clearly identified, charged, inspected?.....	<input type="checkbox"/> Yes___	No___
Exit signs clearly marked and illuminated?.....	<input type="checkbox"/> Yes___	No___
Smoke detector working and secured?	<input type="checkbox"/> Yes___	No___

Bathrooms

Walls – holes or cracks?	Yes___	<input type="checkbox"/> No___
Ceiling – holes or cracks?	Yes___	<input type="checkbox"/> No___
Floor – holes?	Yes___	<input type="checkbox"/> No___
Sufficient cold water?	<input type="checkbox"/> Yes___	No___
Hot water (between 110 – 130 F)?	<input type="checkbox"/> Yes___	No___
Windows – glass broken?	Yes___	<input type="checkbox"/> No___
Screens in windows?	<input type="checkbox"/> Yes___	No___
Door – does it close?	<input type="checkbox"/> Yes___	No___
Plumbing connections capped off and drains clear?	<input type="checkbox"/> Yes___	No___
Sufficient ventilation?	<input type="checkbox"/> Yes___	No___
Sufficient lighting with covers?	<input type="checkbox"/> Yes___	No___
Sink clean and drain clear?	<input type="checkbox"/> Yes___	No___
Shower tub intact and clean?	<input type="checkbox"/> Yes___	No___
Non-absorbent walls in shower area?	<input type="checkbox"/> Yes___	No___
Toilet seat intact and clean with bowl and tank cover?	<input type="checkbox"/> Yes___	No___

Living Area

Walls – holes or cracks?	Yes___	<input type="checkbox"/> No___
Ceiling – holes or cracks?	Yes___	<input type="checkbox"/> No___
Floor – holes?	Yes___	<input type="checkbox"/> No___
Windows – glass broken?	Yes___	<input type="checkbox"/> No___
Screens in windows?	<input type="checkbox"/> Yes___	No___
Locks on windows functioning?	<input type="checkbox"/> Yes___	No___
Door – does it close?	<input type="checkbox"/> Yes___	No___
Sufficient lighting with covers?	<input type="checkbox"/> Yes___	No___
Room temperature (68 F daytime and 64 F night time)?	<input type="checkbox"/> Yes___	No___
Furniture in good condition?	<input type="checkbox"/> Yes___	No___
Carpet condition?	<input type="checkbox"/> Good___	Poor___
Smoke detector working?	<input type="checkbox"/> Yes___	No___
Emergency lights work?	<input type="checkbox"/> Yes___	No___
Fire Extinguishers clearly identified, charged, inspected?	<input type="checkbox"/> Yes___	No___
Exit signs clearly marked and illuminated and in good condition?	<input type="checkbox"/> Yes___	No___
Emergency exit clearly marked and accessible?	<input type="checkbox"/> Yes___	No___

Commons Area and Exit

Walls – holes or cracks?	Yes___	<input type="checkbox"/> No___
Ceiling – holes or cracks?	Yes___	<input type="checkbox"/> No___
Floor – holes?	Yes___	<input type="checkbox"/> No___
Windows – glass broken?	Yes___	<input type="checkbox"/> No___
Screens in windows?	<input type="checkbox"/> Yes___	No___
Locks on windows functioning?	<input type="checkbox"/> Yes___	No___
Door – does it close?	<input type="checkbox"/> Yes___	No___
Sufficient lighting with covers?	<input type="checkbox"/> Yes___	No___
Carpet condition?	<input type="checkbox"/> Good___	Poor___
Recycling bins – clean around barrels?	<input type="checkbox"/> Yes___	No___
Smoke detector working?	<input type="checkbox"/> Yes___	No___
Emergency lights work?	<input type="checkbox"/> Yes___	No___
Fire extinguishers clearly identified, charged, inspected?.....	<input type="checkbox"/> Yes___	No___
Exit signs clearly marked and illuminated?.....	<input type="checkbox"/> Yes___	No___
Emergency exit clearly marked and accessible?.....	<input type="checkbox"/> Yes___	No___
Stairway in good condition and clear of debris?.....	<input type="checkbox"/> Yes___	No___

General House Inspection

- Fire sprinkler system checked within the last year?..... Yes No
- Alarm system checked and functioning?..... Yes No
- All smoke detectors functioning Yes No
- All fire doors leading to stairwells close completely
and on their own..... Yes No
- All fire extinguishers have been inspected within
the last year with inspection tags attached..... Yes No
- All fire extinguishers have a sign above them with an
arrow pointing to the fire extinguisher Yes No
- All exits are identified by an exit sign..... Yes No
- All emergency exits sign lights are working Yes No
- All emergency lights work..... Yes No
- All light bulbs, fluorescent lights, and light fixtures
have covers on them Yes No
- All wires and/or pipes that pass through walls from room
to room must fire caulked/stopped? Yes No