

Residence Hall Check Out

Resident's Name	Room #	Date
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Belongings are removed from room

Drawers are empty

Furniture pulled away from walls

Floor swept

Bathroom supplies removed

Bathroom clean

Please note any damage to the furniture, walls, lights, windows, blinds, etc. _____

(Any damage repair costs will be split between the residents of the room unless one accepts responsibility.)

Supervisors Signature

Key returned (\$10 charge)

Key fob returned (\$25 charge)

Returning _____ (Lease signed for next semester and deposit paid?)

(If utilizing storage, all items must be neatly packed and labeled, and form filled out)

Roommate preference _____

Not returning

Forwarding address: _____

Bill paid in ICC business office

Housing bill paid

Bookstore & Library books returned

Transcripts requested

Move-Out Unit Inspection (Captian's Quarters)

Date of Inspection: _____

Address of Unit: _____

Current Resident: _____ Vacant YES NO (Circle One)

	Working (Circle one)	Good Condition ✓	Poor Condition ✓	Service Request #	Comments.
Lock/Door/Frame	Yes No				
Entry Flooring	Yes No				
SAFETY EQUIPMENT					
Breaker Box	Yes No				
Smoke Detectors	Yes No				
BATHROOM					
Vanity/Sink/Plumbing	Yes No				
Toilet/Tub	Yes No				
Exhaust Fan	Yes No				
Flooring	Yes No				
Walls/Ceiling	Yes No				
GFI	Yes No				
Under Sink/Toilet	Yes No				
Caulking	Yes No				
BEDROOM A					
Walls/Ceiling	Yes No				
Carpet	Yes No				
Window/Screen	Yes No				
Outlets	Yes No				
Blinds	Yes No				
Lights	Yes No				
Smoke Detector	Yes No				
BEDROOM B					
Walls/Ceiling	Yes No				
Carpet	Yes No				
Window/Screen	Yes No				
Outlets	Yes No				
Blinds	Yes No				
Lights	Yes No				
Smoke Detector	Yes No				
Health/Safety					
Check for unsanitary conditions. Housekeeping problems: Yes No					
Check for insect infestation: Describe: _____ Service Request#: _____					
Fire					
Any unauthorized heating, cooking, or laundry appliances operating or stored in the unit?					

Any flammable substances stored in the unit or storage area?			
Moisture	Circle One	Service request #	Necessary Repairs/Comments
Does the apartment seem humid?	Yes No		
Is there a musty odor in the air?	Yes No		
Are the windows fogged or dripping with condensation?	Yes No		
Check that furniture is not flush to the wall.	Yes No		
Check that other objects too tight to the wall.	Yes No		
Proper ventilation throughout unit?	Yes No		
Check all plumbing for leaks, sweating pipes.	Yes No		
Check all windows for possible leaks.	Yes No		
Check for water damage on drywall and ceilings.	Yes No		
Check for water damage underneath all sinks.	Yes No		
Check for water damage inside cabinets/drawers	Yes No		
Check for water damage to flooring.	Yes No		
Check for standing water outside the unit.	Yes No		
Is there any visible growth?	Yes No		Location:

Repair all water leaks within 24 hours of inspection.	
Date Repairs made:	Follow up to check for growth date:
Is an inspection by a professional necessary?	Yes No
Date of certified inspection:	*Attach copy of report to this checklist

Name of those who inspected *Date Signed*

Signature of person who inspected *Date Inspection Complete*

Move-Out Unit Inspection (Bricks)

Date of Inspection: _____

Address of Unit: _____

Current Resident: _____ Vacant YES NO (Circle One)

	Working (Circle one)	Good Condition ✓	Poor Condition ✓	Service Request #	Comments:
Lock/Door/Frame	Yes No				
Entry Flooring	Yes No				
SAFETY EQUIPMENT					
Breaker Box	Yes No				
Smoke Detectors	Yes No				
BATHROOM					
Vanity/Sink/Plumbing	Yes No				
Toilet/Tub	Yes No				
Exhaust Fan	Yes No				
Flooring	Yes No				
Walls/Ceiling	Yes No				
GFI	Yes No				
Under Sink/Toilet	Yes No				
Caulking	Yes No				
COMMON ROOM					
Walls/Ceiling	Yes No				
Carpet	Yes No				
Window/Screen	Yes No				
Outlets	Yes No				
Blinds	Yes No				
Lights	Yes No				
Smoke Detector	Yes No				
BEDROOM 1					
Walls/Ceiling	Yes No				
Carpet	Yes No				
Window/Screen	Yes No				
Outlets	Yes No				
Blinds	Yes No				
Lights	Yes No				
Smoke Detector	Yes No				
BEDROOM 2					
Walls/Ceiling	Yes No				
Carpet	Yes No				
Window/Screen	Yes No				
Outlets	Yes No				
Blinds	Yes No				
Lights	Yes No				
Smoke Detector	Yes No				
BEDROOM 3					
Walls/Ceiling	Yes No				
Carpet	Yes No				

Window/Screen	Yes No				
Outlets	Yes No				
Blinds	Yes No				
Lights	Yes No				
Smoke Detector	Yes No				
BEDROOM 4					
Walls/Ceiling	Yes No				
Carpet	Yes No				
Window/Screen	Yes No				
Outlets	Yes No				
Blinds	Yes No				
Lights	Yes No				
Smoke Detector	Yes No				
Health/Safety					
Check for unsanitary conditions. Housekeeping problems: Yes No					
Check for insect infestation: Describe: Service Request#:					
Fire					
Any unauthorized heating, cooking, or laundry appliances operating or stored in the unit?					
Any flammable substances stored in the unit or storage area?					
Moisture		Circle One	Service request	Necessary Repairs/Comments	
Does the apartment seem humid?		Yes No			
Is there a musty odor in the air?		Yes No			
Are the windows fogged or dripping with condensation?		Yes No			
Check that furniture is not flush to the wall.		Yes No			
Check that other objects too tight to the wall.		Yes No			
Proper ventilation throughout unit?		Yes No			
Check all plumbing for leaks, sweating pipes.		Yes No			
Check all windows for possible leaks.		Yes No			
Check for water damage on drywall and ceilings.		Yes No			
Check for water damage underneath all items.		Yes No			
Check for water damage inside cabinets/drawers.		Yes No			
Check for water damage in flooring.		Yes No			
Check for standing water outside the unit.		Yes No			
Is there any visible growth?		Yes No		Location:	

Repair all water leaks within 24 hours of inspection.	
Date Repairs made:	Follow up to check for growth: date:
Is an inspection by a professional necessary?	Yes No
Date of certified inspection:	*Attach copy of report to this checklist

Name of those who inspected

Date Signed

Signature of person who inspected

Date Inspection Complete

Landscape
Design



