

Residential Room Check

Resident Room Check Building 44 Date:					Condition of Room A or B			Excessive Trash		Smoke Detector	
Last Name	First Name	Room	Key Serial	Gate Care #	Poor	Fair	Good	Yes	No	Yes	No
		101A									
		101B									
		102A									
		102B									
		103A									
		103B									
		104A									
		104B									
		105A									
		105A									
		106B									
		106A									
		107B									
		107A									
		108B									
		108A									
		109A									
		109B									
		110A									
		110B									
		111A									
		111B									
		112A									
		112B									
		113A									
		113B									
		114A									
		114B									

Comments: _____

