

# Joint Room Maintenance Checklist

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_

## General Information

- Room ID/Number: \_\_\_\_\_

## Checklist Categories

### 1. Furniture & Fixtures

Item	Condition (✓ / ✗)	Notes/Action Required
Chairs & Tables		
Sofa/Seating Area		
Cupboards/Storage Units		

### 2. Flooring, Walls, & Ceilings

Item	Condition (✓ / ✗)	Notes/Action Required
Flooring (Carpet/Tiles)		
Wall Paint/Wallpaper		
Ceiling/Lighting		

### 3. Safety & Comfort

Item	Condition (✓/X)	Notes/Action Required
Air Conditioning/Heater		
Smoke Detectors		
Locks/Windows		

**4. Cleanliness**

Item	Condition (✓/X)	Notes/Action Required
Trash Bins		
Linens (If Any)		