## **Kitchen Room Maintenance Checklist**

**Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Inspected By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **General Information**

* **Room ID/Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Checklist Categories**

#### **1. Appliances**

| **Item** | **Condition (✓/✗)** | **Notes/Action Required** |
| --- | --- | --- |
| Refrigerator/Freezer |  |  |
| Stove/Oven |  |  |
| Microwave |  |  |
| Dishwasher |  |  |

#### **2. Plumbing**

| **Item** | **Condition (✓/✗)** | **Notes/Action Required** |
| --- | --- | --- |
| Sink & Faucets |  |  |
| Drainage |  |  |
| Water Supply |  |  |

#### **3. Cabinets & Storage**

| **Item** | **Condition (✓/✗)** | **Notes/Action Required** |
| --- | --- | --- |
| Cabinets/Drawers |  |  |
| Shelving Units |  |  |
| Countertops |  |  |

#### **4. Safety & Cleanliness**

| **Item** | **Condition (✓/✗)** | **Notes/Action Required** |
| --- | --- | --- |
| Fire Extinguisher |  |  |
| Trash/Waste Disposal |  |  |
| Floor & Surfaces |  |  |