

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 (✓ / ✗)	Notes/Action Required
Air Conditioning/Heater		
Smoke Detectors		
Locks/Windows		

4. Cleanliness

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