

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		
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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		