## **Living Room Maintenance Checklist**

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

### **General Information**

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

### **Checklist Categories**

#### **1. Furniture**

| **Item** | **Condition (✓/✗)** | **Notes/Action Required** |
| --- | --- | --- |
| Sofa/Chairs |  |  |
| Coffee Table |  |  |
| Shelving Units/Storage |  |  |

#### **2. Electronics**

| **Item** | **Condition (✓/✗)** | **Notes/Action Required** |
| --- | --- | --- |
| Television |  |  |
| Entertainment System |  |  |
| Power Outlets |  |  |

#### **3. Walls, Flooring, & Windows**

| **Item** | **Condition (✓/✗)** | **Notes/Action Required** |
| --- | --- | --- |
| Wall Paint/Decor |  |  |
| Flooring/Carpets |  |  |
| Windows/Blinds |  |  |

#### **4. Safety & Comfort**

| **Item** | **Condition (✓/✗)** | **Notes/Action Required** |
| --- | --- | --- |
| Smoke Detectors |  |  |
| Locks |  |  |
| Air Conditioning/Heater |  |  |

#### **5. Cleanliness**

| **Item** | **Condition (✓/✗)** | **Notes/Action Required** |
| --- | --- | --- |
| Trash Bins |  |  |
| Floor Cleanliness |  |  |