

SANITATION INSPECTION REPORT

Dorm/Building: _____ Date: _____ Time: _____

	ITEM	Accept.	Un-Accept.	Needs Repair	Comments
FLOORS	Floor Surfaces				
	Corners				
	Baseboards				
	Stairs				
WINDOWS	Windows				
	Glazing				
	Screens				
WALLS	Wall Surfaces				
	Ledges				
	Fixtures				
	Doors				
BATHROOMS	Bathrooms				
	Mirrors				
	Showers				
	Sinks				
	Commodes				
CELLS	Cells				
	Rooms				
	Dorms				
	Curtains				
	Personal Property				
	Neatness				
	Properly Stored				
BARRACKS	Furniture/Equipment				
	Tool & Utensils				
	Waste Receptacle Available				
	Disinfectants Used Properly				
	Adequate Disinfectant Supplies				
	Common Areas				
	Water Fountains				
	Walkways				
	Corridors				
	Storage Areas				
	Ice Machines				
	Pipe Chases				
	Free of Leaks				
	Trash Receptacle				
	Insect - Rodent				
	Ceilings				
	Lights				
	Vents				
	Bar Pass-Through				
	Lighting				
	Noise Level				
	Ventilation				
	Food Service				

Inspector: _____ Date: _____

Staff Designate to Review: _____ Date: _____

Action Taken: _____

General Comments: _____

Retention Schedule: Upon completion, this form shall be maintained locally for one (1) year and then shall be destroyed.