Division of State Parks

PARK RESIDENCE INSPECTION RECORD

Move-In Inspection _____ Move-Out Inspection_____ Other _____Date_____

Employee _____Title _____Residence _____Park_____

Inspector _____Title _____Cleaning/Security Deposit paid _____

Date	S	P	U	COMMENTS
	See Below			
1. KITCHEN				
a. Ceiling/Walls				
b. Floor/Carpet*				
c. Shades/Drapes*				
d. Cabinets				
e. Stove				
f. Refrigerator				
g. Sink				
h. Dishwasher				
i. Electrical fixtures				
j. Doors				
k. Other Appliances				
2. LIVING ROOM				
a. Ceiling/Walls				
b. Floor/Carpet*				
c. Shades/Drapes*				
d. Wood Stove (Cleaning Date)*				
e. Doors				
f. Electrical fixtures				
3. HALLWAYS				
a. Ceiling/Walls				
b. Floor/Carpet*				
c. Closets				
d. Doors				
e. Electrical fixtures				
4. BATHROOM #1				
a. Ceiling/Walls				
b. Floor/Carpet*				
c. Shades/Drapes*				
d. Electrical fixtures				
e. Towel Bars				
f. Cabinets				
g. Lavatory				
h. Tub/Shower				
i. Doors				
j. Commode				
5. BATHROOM #2				
a. Ceiling/Walls				
b. Floor/Carpet*				
c. Shades/Drapes*				
d. Electrical fixtures				
e. Towel Bars				
f. Cabinets				
g. Lavatory				
h. Tub/Shower				
i. Doors				
j. Commode				
6. BEDROOM #1				
a. Ceiling/Walls				
b. Floor/Carpet*				
c. Shades/Drapes*				
d. Electrical fixtures				
e. Doors				
f. Closets/Shelves				
7. BEDROOM #2				
a. Ceiling/Walls				
b. Floor/Carpet*				
c. Shades/Drapes*				
d. Electrical fixtures				

*** = Date last shampooed/cleaned**
P = There is a problem -- add comments
S = Items are satisfactory
U = Unsafe/Unsatisfactory - add comments

Date	S	P	U	COMMENTS
	See Below			
e. Doors				
f. Closets/Shelves				
8. BEDROOM #3				
a. Ceiling/Walls				
b. Floor/Carpet*				
c. Shades/Drapes*				
d. Electrical fixtures				
e. Doors				
f. Closets/Shelves				
9. OTHER ROOM				
a. Ceiling/Walls				
b. Floor/Carpet*				
c. Cabinets/Shelves				
d. Electrical fixtures				
e. Doors				
f. Other				
10. MISC.				
a. Water Heater				
b. Heater				
c. Cooler				
d. Garage/Storage Shed				
e. Phone/Radio Equip.				
11. EXTERIOR				
a. Windows /Screens				
b. Fuel Tank Reading:				
c. Siding				
d. Electrical fixtures				
e. Roof				
f. Grounds/Other				
g. Turf				
h. Fence/Gates				
i. Patio				
j. Trees/Shrubs				

COMMENTS: (List item number)

Cleaning/Security Deposit to be refunded ☐YES ☐NO ☐ PARITAL if partial, how much $_____

Submit a copy of this completed form to the Division Accounting Office within 30 day s of move-out inspection. Attach any receipts for repairs.

SIGNATURE _____ SIGNATURE _____

Inspector Date Resident Employee Date

*** = Date last shampooed/cleaned**
P = There is a problem -- add comments
S = Items are satisfactory
U = Unsafe/Unsatisfactory - add comments

ADM 5a
(Rev. 4/07)