

Unaccompanied Personnel Housing Inspection Form

Occupant Name and Rank:

Unit:	Bldg:	Room Number:
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Indicate the condition of each item by checking the appropriate block	Satisfactory at Inspection	Occupant Clean/Repair	Repair. Standard Wear and Tear. Not Reimbursable	Repair Reimbursable	Accepted at Re-inspection
<u>Items</u>					
Floors					
Walls					
Ceiling					
Doors					
Windows					
Blinds/Shades					
Light Fixture					
Light Switch					
Electrical Outlets					
Closet					
Closet Door					
Lavatory & Cabinet					
Towel Bars					
Medicine Cabinet					
Soap Dish					
Toilet					
Paper Holder					
Bathtub					
Toothbrush Holder					
Bathtub Enclosure					
Shower Stall					
Valves & Head					
Shower Towel Bar					
Shower Soap Dish					
Shower Door					

Comments:

Date:	Signature of Occupant:	Signature of Inspector:
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Unaccompanied Personnel Housing Inspection Form (continued)

Include any additional items not listed on page 1.	Satisfactory at Inspection	Occupant Clean /Repair	Repair. Standard wear and tear. Not Reimbursable	Repair Reimbursable	Accepted at Re- inspection

Comments: