Room Condition Report

Hall_____ Room #_____ — ____

Contract Holder: _____
Pronoun (Optional): _____
Cell Phone Number: _____
Exterior Key Number: _____
Interior Key Number: _____
Move-In Date: _____
Move-In Signature: _____

Directions: Please document the condition of the room. The resident will fill out the section on the left. If there are any damages or concerns, feel free to attach an additional sheet of paper and/or take pictures and email them to reslife@augsburg.edu with the hall and room number.

This will be the official record of the condition of the room. Upon move out, Residence Life will use this document to assess any further damages and charge accordingly.

Please return completed RCR to the Residence Life Office within 10 days of move in.

If this document is not returned, Residence Life will assume the room is in perfect condition at the time of move in and the resident will be responsible for any undocumented damage.

		Damaged? (Circle One)	Working? (Circle One)	Resident Comments		RA Comments Move Out	Damaged? (Circle One)	Working? (Circle One)
Entryway	Door	Y N	Y N		**Entryway Clean? Y N**	Door	Y N	Y N
	Door Stopper	Y N	Y N			Door Stopper	Y N	Y N
	Number Plate	Y N	Y N			Number Plate	Y N	Y N
	Emergency Information Booklet	Y N	Y N			Emergency Information Booklet	Y N	Y N
	Peep Hole	Y N	Y N			Peep Hole	Y N	Y N
	Carpet/Floor	Y N	Y N			Carpet/Floor	Y N	Y N
	Walls/Ceiling	Y N	Y N			Walls/Ceiling	Y N	Y N
	Closet (if applicable)	Y N	Y N			Closet (if applicable)	Y N	Y N
Kitchen	Floor	Y N	Y N		**Kitchen Clean? Y N**	Floor	Y N	Y N
	Walls/Ceiling	Y N	Y N			Walls/Ceiling	Y N	Y N
	Cupboards	Y N	Y N			Cupboards	Y N	Y N
	Countertops	Y N	Y N			Countertops	Y N	Y N
	Sink	Y N	Y N			Sink	Y N	Y N
	Oven/Stove Top	Y N	Y N			Oven/Stove Top	Y N	Y N
	Refrigerator	Y N	Y N			Refrigerator	Y N	Y N
	Dishwasher	Y N	Y N			Dishwasher	Y N	Y N
	Fire Extinguisher	Y N	Y N			Fire Extinguisher	Y N	Y N
	Outlets/Switches	Y N	Y N			Outlets/Switches	Y N	Y N
	Lights/Fixtures	Y N	Y N			Lights/Fixtures	Y N	Y N
	Screens/Blinds/Glass (If Applicable)	Y N	Y N			Screens/Blinds/Glass (If Applicable)	Y N	Y N
Living Room	Walls/Ceiling	Y N	Y N		**Living Room Clean? Y N**	Walls/Ceiling	Y N	Y N
	Floor/Carpet	Y N	Y N			Floor/Carpet	Y N	Y N
	Screens/Blinds/Glass	Y N	Y N			Screens/Blinds/Glass	Y N	Y N
	Outlets/Switches	Y N	Y N			Outlets/Switches	Y N	Y N
Hallways	Floor/Carpet	Y N	Y N		**Hallways Clean? Y N**	Floor/Carpet	Y N	Y N
	Walls/Ceiling	Y N	Y N			Walls/Ceiling	Y N	Y N
	Smoke Detector(s)	Y N	Y N			Smoke Detector(s)	Y N	Y N
	Outlets/Switches	Y N	Y N			Outlets/Switches	Y N	Y N
	Lights/Fixtures	Y N	Y N			Lights/Fixtures	Y N	Y N
	Thermostat Cover	Y N	Y N			Thermostat Cover	Y N	Y N
Hall Closet(s)	Floor/Carpet	Y N	Y N		**Hall Closet(s) Clean? Y N**	Floor/Carpet	Y N	Y N
	Walls/Ceiling	Y N	Y N			Walls/Ceiling	Y N	Y N
	Outlets/Switches (If Applicable)	Y N	Y N			Outlets/Switches (If Applicable)	Y N	Y N
	Lights/Fixtures (If Applicable)	Y N	Y N			Lights/Fixtures (If Applicable)	Y N	Y N
	If have resident comments indicate which closet	**Linen or Storage**	**Location**			If have RA notes indicate which closet	**Linen or Storage**	**Location**

Form Continues on Back

		Damaged? (Circle One)	Working? (Circle One)	Resident Comments		RA Comments Move Out	Damaged? (Circle One)	Working? (Circle One)
Bathroom	Door	**Y N**	**Y N**		**Bathroom Clean? Y N**	Door	**Y N**	**Y N**
	Floor	**Y N**	**Y N**			Floor	**Y N**	**Y N**
	Walls/Ceiling	**Y N**	**Y N**			Walls/Ceiling	**Y N**	**Y N**
	Tub/Shower	**Y N**	**Y N**			Tub/Shower	**Y N**	**Y N**
	Sink	**Y N**	**Y N**			Sink	**Y N**	**Y N**
	Toilet	**Y N**	**Y N**			Toilet	**Y N**	**Y N**
	Towel Racks	**Y N**	**Y N**			Towel Racks	**Y N**	**Y N**
	Outlets/Switches	**Y N**	**Y N**			Outlets/Switches	**Y N**	**Y N**
	Lights/Fixtures	**Y N**	**Y N**			Lights/Fixtures	**Y N**	**Y N**
	Screens/Blinds/Glass (If applicable)	**Y N**	**Y N**			Screens/Blinds/Glass (If applicable)	**Y N**	**Y N**
	Closet (If Applicable)	**Y N**	**Y N**			Closet (If Applicable)	**Y N**	**Y N**
	Note Which Bathroom (If Applicable)	**E or W N or S**	**Upstairs or Downstairs**			Note Which Bathroom (If Applicable)	**E or W N or S**	**Upstairs or Downstairs**
Interior Room	Door	**Y N**	**Y N**		**Interior Room Clean? Y N**	Door	**Y N**	**Y N**
	Carpet	**Y N**	**Y N**			Carpet	**Y N**	**Y N**
	Walls/Ceiling	**Y N**	**Y N**			Walls/Ceiling	**Y N**	**Y N**
	Smoke Detector	**Y N**	**Y N**			Smoke Detector	**Y N**	**Y N**
	Screens/Blinds/Glass	**Y N**	**Y N**			Screens/Blinds/Glass	**Y N**	**Y N**
	Outlets/Switches	**Y N**	**Y N**			Outlets/Switches	**Y N**	**Y N**
	Lights/Fixtures	**Y N**	**Y N**			Lights/Fixtures	**Y N**	**Y N**
	Closet (R)	**Y N**	**Y N**			Closet (R)	**Y N**	**Y N**
	Bed Frame (R)	**Y N**	**Y N**			Bed Frame (R)	**Y N**	**Y N**
	Mattress (R)	**Y N**	**Y N**			Mattress (R)	**Y N**	**Y N**
	Dresser (R)	**Y N**	**Y N**			Dresser (R)	**Y N**	**Y N**
	Desk (R)	**Y N**	**Y N**			Desk (R)	**Y N**	**Y N**
	Desk Chair (R)	**Y N**	**Y N**			Desk Chair (R)	**Y N**	**Y N**
	Closet (L)	**Y N**	**Y N**			Closet (L)	**Y N**	**Y N**
	Bed Frame (L)	**Y N**	**Y N**			Bed Frame (L)	**Y N**	**Y N**
	Mattress (L)	**Y N**	**Y N**			Mattress (L)	**Y N**	**Y N**
	Dresser (L)	**Y N**	**Y N**			Dresser (L)	**Y N**	**Y N**
	Desk (L)	**Y N**	**Y N**			Desk (L)	**Y N**	**Y N**
	Desk Chair (L)	**Y N**	**Y N**			Desk Chair (L)	**Y N**	**Y N**
Laundry Room (OGC Flats Only)	Floor/Carpet	**Y N**	**Y N**		**Laundry Room Clean? Y N**	Floor/Carpet	**Y N**	**Y N**
	Walls/Ceiling	**Y N**	**Y N**			Walls/Ceiling	**Y N**	**Y N**
	Washer	**Y N**	**Y N**			Washer	**Y N**	**Y N**
	Dryer	**Y N**	**Y N**			Dryer	**Y N**	**Y N**
	Lights/Fixtures	**Y N**	**Y N**			Lights/Fixtures	**Y N**	**Y N**
	Outlets/Switches	**Y N**	**Y N**			Outlets/Switches	**Y N**	**Y N**

Facilities Requests Submitted by Resident via Inside Augsburg	If there are any issues with the space, please **submit a facilities request via the Inside Augsburg website**. The request will not be seen by the facilities staff unless it is submitted electronically. Please describe the facilities requests that have been submitted.

Checkout:

Name of RA(s) and Date_____