

# BEQ INSPECTION AND DISCREPANCY CHECKLIST

Name: \_\_\_\_\_ EDIPI: \_\_\_\_\_ Date: \_\_\_\_\_

BLDG: \_\_\_\_\_ ROOM: \_\_\_\_\_

Inspected By: \_\_\_\_\_

## Functionality

Good Damaged Missing

Key

Vanity

Bathroom

Good Damaged Missing

Sink Faucets

Shower

Toilet

Smoke Detector

Good Damaged Missing

Curtains

Mattress

Microwave

Good Damaged Missing

Bed

Wall Locker

Refrigerator

Good Damage Missing

Windows/Screen

Mirror

Flooring

Light Switch

Good Damage Missing

Walls

Shower Curtain

Electrical Outlet

## REMARKS:

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