

CABIN INSPECTION CHECKLIST

DATE: _____

DORM: _____

GROUP NAME: _____

MEETING/SLEEPING AREAS:

___ **SWEEP & MOP HARD FLOORING**

___ **VACUUM CARPETED AREAS**

___ **REMOVE TRASH FROM UNDER BEDS & MATTRESSES**

___ **CLEAN WINDOWS INSIDE & OUT**

___ **WIPE DOWN TABLES AND CHAIRS**

KITCHENS:

___ **SWEEP & MOP HARD FLOORING**

___ **REMOVE TRASH**

___ **CLEAN OUT CABINETS**

___ **CLEAN OUT REFRIGERATOR/FREEZER AND WIPE DOWN OUTSIDE & INSIDE**

___ **CLEAN OVEN & STOVE TOP**

BATHROOMS:

___ **CLEAN SHOWER WALLS, CURTAINS, COUNTERS & SINKS**

___ **CLEAN MIRRORS**

___ **CLEAN TOILET STALL WALLS**

___ **USE BRUSH TO SCRUB TOILET AND FLOOR BEHIND TOILET**

___ **REMOVE TRASH & TOILETRY ITEMS**

OUTSIDE:

___ **SWEEP PORCH & PATIO AREAS**

___ **PICK UP TRASH**

___ **MOVE COLLECTED TRASH TO ROADSIDE OR DUMPSTER (LOCATED NEAR CAMP EXIT)**

BEFORE YOU LEAVE:

___ **REPAIRS ARE NEEDED TO THIS FACILITY**

PLEASE EXPLAIN: _____

___ **DAMAGE TO FACILITY OCCURRED DURING OUR STAY**

PLEASE EXPLAIN: _____

___ **CHECK FOR ITEMS LEFT BEHIND BY CAMPERS**

PLEASE NOTE THAT CAMP COPASS IS NOT RESPONSIBLE FOR ITEMS LEFT BEHIND OR LOST DURING YOUR STAY.

