INSPECTOR: KE TIME: 9:30 AM APARTMENT G5-6

DATE: 7/31/10 No. of Bedr: 0 1 2 3 4 5

ELECTRICITY ON? (Y) N EVIDENCE OF PET? Y (N) HARDWOOD FLOORS? (Y) N

Number of keys returned @ inspec.? Apt. (1) Working? Y N Mail (1) Working? Y N Lock Change? Y (N)

If keys are not turned in, or not already turned in to the office - LOCK CHANGE - VERIFY AT OFFICE FIRST!

TENANT(S) NAME _____

(Or tenant's designated representative. This doesn't affect the deposit return-it tells who was present at the inspection!)

CLEANING: A = Spotless B = Clean C = Attempted (D) = Barely Attempted F = Missed

PICTURES MUST BE TAKEN

						PIC	
KITCHEN	KITCHEN: OVERALL	A	(B)	C	D	F	
	STOVE: OVERALL	A	B-	C	D	F	
	DRWRS/UNDR BURNRS/KNOBS	A	B	C	D	F	
	DRIP PANS / RINGS	A	(B)	C	D	F	lots of crumbs in them
	REPLACE DRIP PANS?	Y	(N)			W/Y	
	REFRIGERATOR: OVERALL	A	B	C	D	F	
	DEFROSTED / EMPTY?	(Y)	N				
	EXTERNAL	A	B	C	D	F	
	INTERNAL SHELFS & DOORS	A	B	C	D	F	
	UNDER CRISPER DRAWERS	A	B	C	D	F	
	CUPBOARD/COUNTER: OVERALL	A	B	C	D	F	
	EMPTY / NO CRUMBS	A	B	C	D	F	
	EXTERNAL / DOORS	(A)	B	C	D	F	
	D/W: NA INTERNAL/EXTERNAL	A	B	C	D	F	
	SINK: BOWL & FAUCET CLEAN	A	B	C	D	F	walls behind sink very dirty
	FLOOR: CORNRS/UNDR APPL'S	A	B	C	D	F	
L/R-HALL	L/R-ENTRY-HALL: OVERALL	A	B	C	D	F	PIC
	HEAT REGISTERS	A	B	C	D	F	
	LIGHT SWITCHES/GLOBES	(A)	B	C	D	F	
	WINDOWS/WINDOW SILLS	A	B	C	D	F	
	CORNERS CLEARED OF COBWEBS	A	B	C	D	F	
	A/C & A/C FILTER	A	B	C	D	F	
	HARDWOOD FLOORING? Yes No						Floors full of dust & crumbs
BRS	BEDROOMS: OVERALL	A	B	C	D	F	PIC
	HEAT REGISTERS	A	B	C	D	F	
	WINDOWS/WINDOW SILLS	A	B	C	D	F	
	LIGHT SWITCHES/GLOBES	A	B	C	D	F	
	CORNERS CLEARED OF COBWEBS	A	B	C	D	F	
	HARDWOOD FLOORING? Yes No						
BATHS	MAIN BATH: OVERALL	A	B	C	D	F	PIC
	SHOWERS/TUB	A	B	C	D	F	
	WALLS	(A)	B	C	D	F	
	TOILETS: BOWL / EXTERNAL	A	B	C	D	F	
	SINKS: BOWL / VANITY	A	B	C	D	F	
	FLOORS	A	B	C	D	F	

BEDROOM:	2	3	4	5	6

2nd BATH:			
	A	B	C D F
	A	B	C D F
	A	B	C D F
	A	B	C D F
	A	B	C D F
	A	B	C D F

TRASH / DEBRIS LEFT BY TENANT? (Yes) No

ESTIMATED TIME TO REMOVE:

Describe trash left in unit: food in cupboards

FURNITURE LEFT BY TENANT? Yes (No)

ESTIMATED TIME TO REMOVE:

Describe furniture left in unit:

DOOR REPAIR? YES (NO)	WINDOW REPAIR? YES (NO)	SCREEN REPAIR? YES (NO)
WHERE?	WHERE?	WHERE?

IOWA CITY MAINTENANCE CLEANING FORM

DATE: 8/1/ UNIT: QS-6

TEAM LEADER: [illegible] # OF WORKERS IN UNIT: 6

START: 10:20 TIME END: 10:56 TOTAL TIME IN UNIT: 30 (ROUND UP TO NEAREST 15 MINUTES)

NOTE: Any required cleaning must be specified in detail. c:\Common\wks_file\Final_Cleaning_Form_CEM.xls

KITCHEN	DIRTY 1	2	3	AVERAGE 4	5	6	7	8	NO CLEANING NECESSARY 9	10	PICTURE	COMMENTS
Stove-Inside oven						X						
Stove-Under burners						X						
Stove-Drip pans												
Refrigerator-Inside							X					
Refrigerator-Outside & Under						X						
Sink							X					
Floors								X				
Countertops/Cabinets							X					
Dishwasher												N/A
Windows/screens												
Corners/Cobwebs							X					
Switches/Outlets/Lights								X				
Other												

LIVING ROOM / HALL	DIRTY 1	2	3	AVERAGE 4	5	6	7	8	NO CLEANING NECESSARY 9	10	PICTURE	COMMENTS
Carpet/Floor						X						
Windows/screens												N/A
Window Coverings (blinds/curtains)												
Switches/Outlets/Lights								X				
Air Conditioner (cover/filter)						X						
Corners/Cobwebs/Closets							X					
Sliding Glass Door								X				

BATHROOM 1	DIRTY 1	2	3	AVERAGE 4	5	6	7	8	NO CLEANING NECESSARY 9	10	PICTURE	COMMENTS
Tub/Shower							X					
Sink						X						
Toilet						X						
Switches/Outlets/Lights							X					
Cabinet/Vanity/Med.Cabinet								X				
Floor							X					
Exhaust Fan Cover						X						

BATHROOM 2	DIRTY 1	2	3	AVERAGE 4	5	6	7	8	NO CLEANING NECESSARY 9	10	PICTURE	COMMENTS
Tub/Shower												
Sink												
Toilet												
Switches/Outlets/Lights												
Cabinet/Vanity/Med.Cabinet												
Floor												
Exhaust Fan Cover												

FILED
MAR -2 PM 4:08
CLERK OF DISTRICT COURT
JOHNSON COUNTY, IOWA