

DORMITORY OUT-PROCESSING CHECKLIST

DATE:

1. This checklist is provided to you as an aid to assist you in clearing your assigned dormitory room. Please have all items cleaned, keys available, and you personal items removed prior to your final inspection. If additional information is required contact the dormitory manager or your First Sergeant.

- () Refrigerator:
 - () Defrost () Clean gaskets () Clean interior/exterior
- () Clean lights, fixtures, and mirrors
- () Dust furniture
- () Clean shower head/walls/soap holder/drain/floors/tub
- () Clean vanity commode/latrine floor and walls/exhaust fan vent cover
- () Clean AC/heater vent, filters, ceiling fan, and switch plate covers
- () Exchange linen or wash and fold, and place on bed
- () Microwave clean inside and out
- () Empty/clean trash can, no residue on bottom or sides
- () Clean floors (vacuum rug and clean carpet as needed)
- () Clean walls (stains, fingerprints, etc.)
- () Clean door interior and exterior (including door frame)
- () Clean windows inside only, window tracks and sills
- () Clean sink/hardware/drain pipe (free of hair, etc.)
- () Ensure all light bulbs work
- () Move refrigerators/furniture and clean underneath
- () Remove cushions from couch/sofa, chairs, clean and vacuum cracks and crevices
- () Clean and dust all shelves (including closets)
- () Clean lamp shades
- () Remove all contact shelf/drawer paper and clean drawers (inside including tracks)
- () Remove all nails, hooks, hangers, stickers, or personal items placed on walls, ceilings, doors, and cabinets
- () Furniture upholstery has to be cleaned/shampooed and free of spots.
- () Clean/dust mini or vertical blinds
- () Ceiling fan blades free of dust, oil, and grime
- () Remove cobwebs from windows, corners, etc.
- () Paint room

SCHEDULED DATE/TIME OF FINAL INSPECTION:

2. The dormitory manager will sign-off your clearance sheet, take your keys, and lock the door after the inspection is finished. In the event your room does not meet the cleaning requirements as set forth, your departure will be delayed.

RANK:	NAME: (Last/First/Middle)	OFFICE SYMBOL:	DUTH PHONE:
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RESIDENT SIGNATURE:	BLDG/ROOM NO.:	DATE:	DM INITIALS:
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