

**FAMILY QUARTERS INSPECTION CHECKLIST**

QUARTERS NUMBER:	NO of BEDROOMS:	PAINT DATE	PRE-TERMINATION INSPECTION
VACANCY DATE		BEAMED CEILING YES ___ NO ___	TO CLEANING CONTRACTOR
GRADE/RESIDENT		LOCK BOX YES ___ NO ___	TERMINATION INSPECTION
PHONE (WORK/HOME)		NUMBER OF KEYS	INITIAL INSPECTION

ITEM	STAT	DEFICIENCY/LOCATION
GARAGE/STORAGE SHED/ CARPORT		
GROUND/FENCING/ ROOF/GUTTERS		
INSECTS/RODENTS		
HOT WATER HEATER		
AIR CONDITIONING/ HEATING		
ELECTRICAL		
SMOKE DETECTOR/CO SENSOR		
KITCHEN CABINETS/ COUNTERTOP		
DISHWASHER		
KITCHEN SINK/DISPOSAL		
RANGE/EXHAUST FAN		
REFRIGERATOR		
COMMODES/LAVATORIES		
BATHTUBS/SHOWERS		
DOORS/WINDOWS		
FLOORS		
WOOD/TILE/CARPET		
WALLS/CEILINGS		

REMARKS:

I HAVE BEEN BRIEFED ON AND FULLY UNDERSTAND MY SELF-HELP/CLEANING RESPONSIBILITIES FOR THIS FAMILY UNIT AS OUTLINED IN USAFACFS REGULATION 210-50 AND FAMILY HOUSING QUARTERS TERMINATION HANDOUT.

RESIDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

INSPECTOR \_\_\_\_\_

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