How to Complete a Room Condition Report

All study abroad students are required to complete a Room Condition Report and do a walk through with their faculty leader. The faculty leader(s) will do a walk through with the necessary personnel (i.e. property manager, overseas partner, etc.) both upon arrival and before departing to note any damages and review the Room Condition Report. As a participant on the program you are expected to keep you room clean and orderly and to take care of the facilities. It is in your best interest to list anything that is damaged, scratched, dirty, broken, missing, etc. on this form. It will be used to assign responsibility if FAU receives a bill seeking payment for damages. Those costs will be passed onto the student, suite, or group when necessary. The faculty leader will hold on to the Room Condition Report and review it with you at the end of the program, they will make a note on the report if there is any damage.

Step 1

Complete, sign, and date the Room Condition Report. Be sure that all rooms and common areas are evaluated.

Step 2

Go over the report with your faculty leader and make any adjustments or changes at this time.

Step 3

Give your faculty leader the Room Condition Report for safe keeping.

Step 4

Prior to departure do a walk through with your faculty leader and review your Room Condition Report. Any damages will be noted at this time.

Step 5

At the completion of the walk through both you and the faculty leader will sign and date the form.

Step 6

Give your faculty leader the Room Condition Report for safe keeping. That report will be returned to the Office of International Programs and keep with the program file. If any damages are billed to the university the Room Condition Report will be checked for disclosure and damages will be billed to the student whenever necessary or needed.

ROOM CONDITION REPORT

Last Name _____ First Name _____

Student Identification Number _____ Building _____ Room _____

Notice to Students Checking-In:

1) You are held responsible, AND WILL BE CHARGED, for damages done to your room/suite by you or by your guests.

2) Check your room carefully at check-in. Damges that exist when you check out, that were not listed when you check in, will be charged to you.

3) You must officially check out of your room and return your keys in the presence of a staff member of the Department of Housing and Residential Life

I Accept Responsibility for:

1) The proper care of my living space

2) Department of Housing and Residential Life policies related to my room

3) All damages to my room except those already listed on this form

Item Number	Bedroom	Condition Upon Check-In	Condition Upon Check-Out
1	Door Surface / knob		
2	Mattress Pad		
3	Bed Frame		
4	Outlets/switches		
5	Closet/closte door		
6	Dresser		
7	Window/blinds		
8	Light fixtures		
9	Ceiling		
10	Carpeting/floor		
11	Desk		
12	Desk chair		
13	Walls		
14	Smoke Detector		
15	Sprinkler		

Bathroom (common area)

16	Walls		
17	Tub/shower		
18	Sink area (Left)		
19	Mirror (Left)		
20	Sink area Right)		
21	Mirror Right)		
22	Toilet		
23	Towel Bar		
24	Light fixtures		
25	Outlets		
26	Cabinets		
27	Floor		
28	Ceiling		
29	Door Surface / knob		
30	Toilet paper dispenser		
31	Shower area/head		
32	Shower curtain/rod/hooks		
33	Window/ Screen		

Living (common area)

34	Apartment Door		
35	Walls		
36	Carpet		
37	Ceiling		
38	Couch		
39	Chair		
40	Stools (4)		
41	Windows/blinds		
42	Outlets/switches		
43	Smoke detector (2)		
44	Lights		
45	Cable hook up		
46	Handrails		
47	Steps		
48	Sprinkler		
49	A/C Thermostat Control		

Hallway (common area)	Check-In	Check-Out
50 Window/Blinds		
51 Smoke Detector		
52 Sprinkler		
53 Light Fixture		
54 Walls		

Kitchen (common area)		
55 Walls		
56 Floor		
57 Ceiling		
58 Countertops		
59 Cabinets		
60 Drawers		
61 Sinks		
62 Stove		
63 Oven		
64 Freezer		
65 Refrigerator		
66 Sprinkler		

I accept responsibility for the room and furnishings in the condition as noted and have received my key(s). I understand there will be a $35.00 charge for improper check-out and/or illegal room transfer. I understand that I will be subject to housing fees through the check-out date. I have inspected the room and agree with the above noted conditions

Resident Signature _____ Date _____

Staff Signature Completing Check-in _____ Date _____

Staff Signature Completing RCR _____ Date _____

TO COMPLETE DURING CHECK-OUT

Item No	Condition at Departure	# Billed	Student Initials	Charges Office use

Same Room key returned	YES NO	
Same Mailbox key returned	YES NO	
Community Charges / Office use	TBD	
Improper Check-out charges	YES NO	
Total Charges:		

I accept responsibility for the room (and the furnishings) to which I was assigned. I understand that charges may be applied to my student account as a result of damages or missing items as indicated above. I have initialed each item listed in the Condition at Departure Section

Resident Signature _____ Date _____

Staff Signature Completing Check-out _____ Date _____

Resident Coordinator _____ Date _____

Resident has signed acknowledging any amendments made to this form

Resident Signature _____ Date _____

Staff Signature completing updated form _____ Date _____