NYACK
College · Seminary · Graduate Schools
Christian Higher Education Since 1882

CLEANING INSPECTION SUMMARY

Dates of inspection: _____ Floor: _____

Staff Members present for inspection: _____

Room Number	Room Condition				If **fair** or **poor**, was the room satisfactory after 24 hours?
	Excellent	Good	**Fair**	**Poor**	

Signatures of Residence Life Staff present at inspections:

_____

_____

_____

_____

Please hand this form in as soon as you complete all inspections for your floor.