

OXFORD HOUSE INSPECTION FORM

HOUSE NAME: _____ DATE: _____ TIME: _____

Rating Scale:

1 **2** **3** **4** **5**
 Very Poor Poor Okay Good Excellent

<u>Outside</u>	Score	Comments
Front Yard		
Back Yard		
Parking		
House Condition		
Front Porch		
Back Porch		
Garage		
Overall		

<u>Common Areas</u>	Score	Comments
Living Room		
Kitchen		
Dining Room		
Bathroom 1		
Bathroom 2		
Bathroom 3		
Hallways		
Office Area		
Entryway		
Carpet		
Walls		
Overall		

<u>Bedrooms</u>	Score	Comments
Cleanliness		
Carpet		
Walls		
Overall		

<u>Folders/Files</u>	Score	Comments
Officer Packets		
Filing System		
Organization		
Overall		

NEEDS: _____

Inspected By: Name: _____ Signature: _____