

OXFORD HOUSE TOUR FORM

HOUSE NAME: _____ DATE: _____ TIME: _____

RATING SCALE: 1 2 3 4 5
 Very Poor Poor Okay Good Excellent

<u>EXTERIOR</u>	Score	Comments
Yard		
Parking		
Paint/Gutters		
Porches		
Garage		
Overall		

<u>COMMON AREA</u>	Score	Comments
Living Room(s)		
Kitchen(s)		
Dining Room		
Bathrooms		
Hallways		
Office Area		
Carpet		
Walls		
Overall		

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

<u>OFFICE AREA</u>	Score	Comments
Officer Binders		
Filing System		
Organization		
Overall		

<u>SAFETY</u>	Score	Comments
Smoke Detectors		
CO2 Detectors		
Fire Extinguisher		
Rope Ladder		
Room Egress		
First Aid Kit		

NEEDS:

Inspected By: Name: _____ Signature: _____