ITM UNIVERSITY, GWALIOR

# MONTHLY HOSTEL AUDIT FORMAT

To be submitted to the Registrar Office and Estate Office by the 20th of every month.

## SECTION A: GENERAL INFORMATION

|  |  |
| --- | --- |
| Month & Year |  |
| Date of Audit |  |
| Auditor(s) Name & Designation |  |
| Hotel/Block Name |  |
| Number of Rooms Audited |  |
| Warden/Manager Name |  |

## SECTION B: ROOMS & FACILITIES CHECK

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Item Checked | Condition (Good/Fair/Poor) | Issue Identified | Action Taken | Remarks |
| 1 | Beds & Mattresses |  |  |  |  |
| 2 | Windows & Curtains |  |  |  |  |
| 3 | Lighting & Fans |  |  |  |  |
| 4 | Electrical Switches & Sockets |  |  |  |  |
| 5 | Wardrobes & Locks |  |  |  |  |
| 6 | Cleanliness of Rooms |  |  |  |  |
| 7 | Attached Toilets |  |  |  |  |
| 8 | Water Supply |  |  |  |  |
| 9 | Drainage & Plumbing |  |  |  |  |
| 10 | Furniture Condition |  |  |  |  |
| 11 | Mosquito Nets/Mesh |  |  |  |  |
| 12 | Room Doors & Latches |  |  |  |  |

## SECTION C: COMMON AREA & SERVICES AUDIT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility | Functioning (Yes/No) | Cleanliness (Yes/No) | Last Maintenance | Remarks |
| Water Coolers / RO Systems |  |  |  |  |
| Common Bathrooms |  |  |  |  |
| Dining Area / Mess |  |  |  |  |
| Common Room / TV Room |  |  |  |  |
| Laundry Room |  |  |  |  |
| Corridors & Staircases |  |  |  |  |
| Security Desk |  |  |  |  |
| Hostel Garden / Outdoor Area |  |  |  |  |

## SECTION D: SAFETY & SECURITY

|  |  |  |
| --- | --- | --- |
| Parameter | Compliance (Yes/No) | Remarks |
| Security guard deployed round-the-clock |  |  |
| Fire extinguishers in place and functional |  |  |
| Emergency exits accessible and marked |  |  |
| First-aid kits available and stocked |  |  |
| CCTV operational |  |  |
| Visitor record maintained properly |  |  |
| No electrical or fire hazard observed |  |  |

## SECTION E: STUDENT FEEDBACK & GRIEVANCES (if any)

Summarize complaints or issues received during the month and actions taken:

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* •
* •

## SECTION F: RECOMMENDATIONS & FOLLOW-UP

[ ] Deep cleaning required in specific areas

[ ] Urgent repair or replacement needed

[ ] Need for additional staff or equipment

[ ] Plan for minor renovations or painting

[ ] Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SECTION G: CERTIFICATION

This is to certify that the above-stated observations are based on physical verification and interaction with stakeholders.

|  |  |  |
| --- | --- | --- |
| Name of Auditor | Signature | Date |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Verified by (Warden/Dean/Registrar) | Signature | Date |
|  |  |  |