

List of Items to Check on Arrival

Please submit the completed form to the office within 7 days of arrival after checking every item carefully.

ENTRANCE	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Water Heater
KITCHEN AREA	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Shoe Rack <input type="checkbox"/> 3 Lights (1 above Sink) <input type="checkbox"/> Sink <input type="checkbox"/> Faucet <input type="checkbox"/> Kitchen Fan <input type="checkbox"/> Dish Drainer <input type="checkbox"/> Sink Strainer <input type="checkbox"/> Refrigerator <input type="checkbox"/> IH Cooking Heater <input type="checkbox"/> Microwave Oven <input type="checkbox"/> Rice Cooker (<input type="checkbox"/> Rice Turner <input type="checkbox"/> Rice Measure Cup)
Kitchenware	<input type="checkbox"/> Pan <input type="checkbox"/> Frying Pan <input type="checkbox"/> Kettle <input type="checkbox"/> Kitchen Knife <input type="checkbox"/> Chopping Board <input type="checkbox"/> Ladle <input type="checkbox"/> Turner
Tableware	<input type="checkbox"/> 2 Large Plates <input type="checkbox"/> 2 Small Plates <input type="checkbox"/> 2 Bowls <input type="checkbox"/> 2 Mugs <input type="checkbox"/> 2 Glasses <input type="checkbox"/> 2 Knives <input type="checkbox"/> 2 Forks <input type="checkbox"/> 2 Spoons <input type="checkbox"/> 2 Teaspoons
LIVING AREA	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Windows <input type="checkbox"/> Net Window <input type="checkbox"/> Curtains (<input type="checkbox"/> Tassels) <input type="checkbox"/> 2 Lights <input type="checkbox"/> Air Conditioner (+ <input type="checkbox"/> Remote) <input type="checkbox"/> Bookshelf <input type="checkbox"/> Desk <input type="checkbox"/> Desk Chair <input type="checkbox"/> Desk Lamp <input type="checkbox"/> Intercom <input type="checkbox"/> Dining Table <input type="checkbox"/> 2 Dining Chairs <input type="checkbox"/> Double Bed <input type="checkbox"/> Mattress <input type="checkbox"/> Bed Pad <input type="checkbox"/> Closet
SHOWER ROOM AREA	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> 2 Lights (1 for washbasin) <input type="checkbox"/> Ventilator <input type="checkbox"/> Washbasin <input type="checkbox"/> Faucet <input type="checkbox"/> Washing Machine <input type="checkbox"/> Faucet for Washing <input type="checkbox"/> Mirror
Shower Room	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Light <input type="checkbox"/> Shower <input type="checkbox"/> Ventilator
Toilet	<input type="checkbox"/> Bowl <input type="checkbox"/> Seat <input type="checkbox"/> Water Tank
OTHER ITEMS	<input type="checkbox"/> Key <input type="checkbox"/> Balcony

I confirm that I have borrowed the items listed above. I will restore the room to original state on my departure.

Please use this space to report anything that you think needs repairing or replacing.

Please use this space to report anything either damaged or missing, which you do not think needs repairing or replacing.

Please note that any defects that are found after the submission will be considered attributable to the resident. In addition, please refer to "GUIDE FOR RESIDENTS" which generally provides you useful information as needed.

Date _____ Room No. _____ Signature _____