

## List of Items to Check on Arrival - Single Room for Researchers

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

<b>ENTRANCE</b>	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Light <input type="checkbox"/> Shoe Box				
<b>LIVING ROOM &amp; MINI KITCHEN</b>	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Closet <input type="checkbox"/> Window <input type="checkbox"/> Net Window <input type="checkbox"/> Curtain <input type="checkbox"/> Light (Main) <input type="checkbox"/> Light (Kitchen) <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Ventilator <input type="checkbox"/> Desk <input type="checkbox"/> Desk Chair <input type="checkbox"/> Desk Lamp <input type="checkbox"/> Intercom <input type="checkbox"/> Single Bed <input type="checkbox"/> Mattress <input type="checkbox"/> Sink <input type="checkbox"/> Faucet <input type="checkbox"/> Kitchen Fan <input type="checkbox"/> Cupboard <input type="checkbox"/> Refrigerator <input type="checkbox"/> IH Cooking Heater <input type="checkbox"/> Microwave Oven				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Kitchenware</b></td> <td> <input type="checkbox"/> Pan   <input type="checkbox"/> Frying Pan   <input type="checkbox"/> Kettle   <input type="checkbox"/> Chopping Board  <input type="checkbox"/> Kitchen Knife                      <input type="checkbox"/> Ladle   <input type="checkbox"/> Turner           </td> </tr> <tr> <td><b>Tableware</b></td> <td> <input type="checkbox"/> Large Plate   <input type="checkbox"/> Small Plate   <input type="checkbox"/> Large Bowl   <input type="checkbox"/> Small Bowl  <input type="checkbox"/> Mug                      <input type="checkbox"/> Glass  <input type="checkbox"/> Knife                      <input type="checkbox"/> Fork                      <input type="checkbox"/> Spoon                      <input type="checkbox"/> Tea Spoon           </td> </tr> </table>	<b>Kitchenware</b>	<input type="checkbox"/> Pan <input type="checkbox"/> Frying Pan <input type="checkbox"/> Kettle <input type="checkbox"/> Chopping Board <input type="checkbox"/> Kitchen Knife <input type="checkbox"/> Ladle <input type="checkbox"/> Turner	<b>Tableware</b>	<input type="checkbox"/> Large Plate <input type="checkbox"/> Small Plate <input type="checkbox"/> Large Bowl <input type="checkbox"/> Small Bowl <input type="checkbox"/> Mug <input type="checkbox"/> Glass <input type="checkbox"/> Knife <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> Tea Spoon
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<b>BATHROOM</b>	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Light <input type="checkbox"/> Faucet <input type="checkbox"/> Mirror <input type="checkbox"/> Wash Basin <input type="checkbox"/> Bathtub				
<b>TOILET</b>	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Light <input type="checkbox"/> Toilet				
<b>OTHER ITEMS</b>	<input type="checkbox"/> Clothes Drying Rack				
<b>INSTRUCTIONS FOR USE</b>	<input type="checkbox"/> Microwave Oven <input type="checkbox"/> IH Cooking Heater				

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.

Date \_\_\_\_\_ Room No.   W   Signature \_\_\_\_\_