

List of Items to Check on Arrival - Couple Room (Double Bed)

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"/> Light <input type="checkbox"/> Shoe Box
CORRIDOR	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Light
LIVING & DINING ROOM	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Closet <input type="checkbox"/> Windows <input type="checkbox"/> Net Windows <input type="checkbox"/> Curtains <input type="checkbox"/> Lights <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Ventilator <input type="checkbox"/> Sofa <input type="checkbox"/> Dining Table <input type="checkbox"/> 2 Dining Chairs <input type="checkbox"/> Desk <input type="checkbox"/> Desk Chair <input type="checkbox"/> Desk Lamp <input type="checkbox"/> Intercom <input type="checkbox"/> Door Intercom
BED ROOM	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Windows <input type="checkbox"/> Net Windows <input type="checkbox"/> Curtains <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Double Bed <input type="checkbox"/> Mattress <input type="checkbox"/> Closet <input type="checkbox"/> Light
KITCHEN	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Light (Main) <input type="checkbox"/> Sink <input type="checkbox"/> Faucet <input type="checkbox"/> Light (above sink) <input type="checkbox"/> Kitchen Fan <input type="checkbox"/> Refrigerator <input type="checkbox"/> Microwave Oven <input type="checkbox"/> IH Cooking Heater <input type="checkbox"/> Cupboard
Kitchenware	<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 <input type="checkbox"/> Tableware Basket
Tableware	<input type="checkbox"/> 2 Large Plates <input type="checkbox"/> 2 Small Plates <input type="checkbox"/> 2 Large Bowls <input type="checkbox"/> 2 Small Bowls <input type="checkbox"/> 2 Mugs <input type="checkbox"/> 2 Glasses <input type="checkbox"/> 2 Forks <input type="checkbox"/> 2 Knives <input type="checkbox"/> 2 Spoons <input type="checkbox"/> 2 Tea Spoons
WASHROOM	<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"/> Wash Basin <input type="checkbox"/> Washing Machine
BATHROOM	<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"/> Bathtub
TOILET	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Light <input type="checkbox"/> Toilet <input type="checkbox"/> Ventilator
OTHER ITEMS	<input type="checkbox"/> Vacuum Cleaner <input type="checkbox"/> Clothes Drying Rack
INSTRUCTIONS FOR USE	<input type="checkbox"/> Kitchen Fan <input type="checkbox"/> Microwave Oven <input type="checkbox"/> IH Cooking Heater <input type="checkbox"/> Door Intercom

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. _____

Signature _____

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