

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"/> Shoebox
CORRIDOR / KITCHEN	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Closet <input type="checkbox"/> 2 Lights <input type="checkbox"/> Sink <input type="checkbox"/> Faucet <input type="checkbox"/> Kitchen Fan <input type="checkbox"/> Refrigerator <input type="checkbox"/> IH Heater <input type="checkbox"/> Microwave Oven <input type="checkbox"/> Water Heater (Remote Control)
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"/> Large Plate <input type="checkbox"/> Small Plate <input type="checkbox"/> 2 Bowls <input type="checkbox"/> 2 Mugs <input type="checkbox"/> 2 Glasses <input type="checkbox"/> Knife <input type="checkbox"/> Fork <input type="checkbox"/> Spoon <input type="checkbox"/> 2 Teaspoons
ROOM	<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 <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Ventilator <input type="checkbox"/> Bookshelf <input type="checkbox"/> Desk <input type="checkbox"/> Desk Chair <input type="checkbox"/> Desk Lamp <input type="checkbox"/> LAN Cable <input type="checkbox"/> Intercom <input type="checkbox"/> Single Bed <input type="checkbox"/> Mattress <input type="checkbox"/> Rod (to dry clothes) <input type="checkbox"/> 2 L-shaped TV antenna plugs <input type="checkbox"/> Trash can <input type="checkbox"/> LAN Adapter
WASHROOM / TOILET	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Wash Basin <input type="checkbox"/> Light <input type="checkbox"/> Faucet < Toilet : <input type="checkbox"/> Bowl <input type="checkbox"/> Heated Seat <input type="checkbox"/> Water Tank <input type="checkbox"/> Light > <input type="checkbox"/> Ventilator
BATHROOM	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Light <input type="checkbox"/> Ventilator <input type="checkbox"/> Bathtub <input type="checkbox"/> Faucet <input type="checkbox"/> Shower <input type="checkbox"/> Mirror <input type="checkbox"/> Washing Machine
OTHER ITEMS	<input type="checkbox"/> Key <input type="checkbox"/> Guide for residents

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.

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
