

List of Items to Check on Arrival - Single Room for Students

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
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LIVING 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 (Main) <input type="checkbox"/> Light (Wall) <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"/> Refrigerator
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BATHROOM	<input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Light <input type="checkbox"/> Curtain <input type="checkbox"/> Mirror <input type="checkbox"/> Wash Basin <input type="checkbox"/> Bathtub <input type="checkbox"/> Faucet <input type="checkbox"/> Toilet
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OTHER ITEMS	<input type="checkbox"/> Clothes Drying Rack
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I confirm that I have borrowed the items listed above. I shall 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 _____