

List of Items to Check on Arrival - Family Room

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"/> 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"/> 4 Dining Chairs <input type="checkbox"/> Intercom | | |
| BED ROOM 1 | <input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Windows <input type="checkbox"/> Net Window <input type="checkbox"/> Curtains <input type="checkbox"/> Air Conditioner <input type="checkbox"/> 2 Single Beds <input type="checkbox"/> 2 Mattresses <input type="checkbox"/> Ventilator <input type="checkbox"/> Closet <input type="checkbox"/> Light <input type="checkbox"/> Door Intercom <input type="checkbox"/> Desk <input type="checkbox"/> Desk Chair <input type="checkbox"/> Desk Lamp | | |
| BED ROOM 2 | <input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Net Window <input type="checkbox"/> Curtain <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Bunk Bed <input type="checkbox"/> 2 Mattresses <input type="checkbox"/> Closet <input type="checkbox"/> Light <input type="checkbox"/> Ventilator | | |
| 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 | | |
| | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding-right: 5px;">Kitchenware</td> <td><input type="checkbox"/> Single-Handled Pot <input type="checkbox"/> Frying Pan <input type="checkbox"/> Chopping Board <input type="checkbox"/> Kitchen Knife <input type="checkbox"/> Ladle <input type="checkbox"/> Turner</td> </tr> </table> | Kitchenware | <input type="checkbox"/> Single-Handled Pot <input type="checkbox"/> Frying Pan <input type="checkbox"/> Chopping Board <input type="checkbox"/> Kitchen Knife <input type="checkbox"/> Ladle <input type="checkbox"/> Turner |
| | Kitchenware | <input type="checkbox"/> Single-Handled Pot <input type="checkbox"/> Frying Pan <input type="checkbox"/> Chopping Board <input type="checkbox"/> Kitchen Knife <input type="checkbox"/> Ladle <input type="checkbox"/> Turner | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding-right: 5px;">Tableware</td> <td><input type="checkbox"/> 4 Large Plates <input type="checkbox"/> 4 Small Plates <input type="checkbox"/> 1 Bowl <input type="checkbox"/> 4 Mugs <input type="checkbox"/> 4 Glasses <input type="checkbox"/> 4 Forks <input type="checkbox"/> 4 Knives <input type="checkbox"/> 4 Spoons <input type="checkbox"/> 4 Tea Spoons <input type="checkbox"/> 4 Desert Spoon</td> </tr> </table> | Tableware | <input type="checkbox"/> 4 Large Plates <input type="checkbox"/> 4 Small Plates <input type="checkbox"/> 1 Bowl <input type="checkbox"/> 4 Mugs <input type="checkbox"/> 4 Glasses <input type="checkbox"/> 4 Forks <input type="checkbox"/> 4 Knives <input type="checkbox"/> 4 Spoons <input type="checkbox"/> 4 Tea Spoons <input type="checkbox"/> 4 Desert Spoon | |
| Tableware | <input type="checkbox"/> 4 Large Plates <input type="checkbox"/> 4 Small Plates <input type="checkbox"/> 1 Bowl <input type="checkbox"/> 4 Mugs <input type="checkbox"/> 4 Glasses <input type="checkbox"/> 4 Forks <input type="checkbox"/> 4 Knives <input type="checkbox"/> 4 Spoons <input type="checkbox"/> 4 Tea Spoons <input type="checkbox"/> 4 Desert Spoon | | |
| 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 <input type="checkbox"/> Ventilator | | |
| 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"/> Clothes Drying Rack | | |

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. 0 Signature _____