



# ST JOHN'S COLLEGE

within the University of Sydney

## ROOM INVENTORY FORM 2017

Please check all items as present or not and note any defects. Read the Declaration carefully, sign then hand form to Reception. Thank you!

Please fill in a Maintenance Request Form for any urgent repair work required.

ROOM NO: \_\_\_\_\_ BUILDING: Hintze  Polding  Menzies  '38 Wing  Wardell  Plunkett

DECLARATION: I understand that I am responsible for any damage to my room after my move-in date. I understand that any damage noted when moving out will be charged to my account.

NAME (please print) : \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please fill in this side when moving <u>IN</u> February 2016			Please fill in this side when moving <u>OUT</u> Nov/Dec 2016	
Item	Present	Please note any defects	Present	Please note any defects
Curtains	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Bed base	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Mattress	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Wardrobe	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Desk Chair	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Desk	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	

Item	Present	Please note any defects	Present	Please note any defects
Bookshelf	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Lounge	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Sofa chair	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Foot stool	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Bin	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Lamp	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Light fittings	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Fridge	Y <input type="checkbox"/> N <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	
Bathroom				
Walls				
Ceiling				
Door				
Windows				
Carpet				