**INVENTORY CHECKS**

Flat & Room No:

Date:

Checked by:

**Brook Street : Bedroom**

| Area. Bedroom | Checked (please tick) | Comments on Condition |
| --- | --- | --- |
| Wardrobe |  |  |
| Sink |  |  |
| Vanity Light |  |  |
| Sink Cupboard |  |  |
| Pinboard |  |  |
| Storage Box |  |  |
| Mirror |  |  |
| Desk |  |  |
| Wall Shelves |  |  |
| Drawers |  |  |
| Bed & Mattress |  |  |
| Curtain |  |  |
| Chair |  |  |
| Door (inc strong arm) |  |  |
| Windows & Lock |  |  |
| Walls |  |  |
| Ceiling |  |  |
| Carpet |  |  |
| Other |  |  |

Door and Window Locks Checked ?  Yes  No

Cleanliness......  Good  Poor  Needs attention

Maintenance Reported?  Yes  No

General Condition of Area?

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