

ROOM INVENTORY

Member: _____ Room Number: _____

Item	Start Year Check (Present/ Quantity)	Comment on Condition	End Year Check (Present/ Quantity)
Bed			
Bed frame			
Mattress			
Pillows (2)			
Under Blanket (wool)			
Over Blanket (wool)			
Spare Blanket (wool)			
Bedspread			
Furniture			
Desk			
Desk Lamp			
Desk Chair			
Extra Table			
Extra Chair			
Bookcase			
Rubbish Tin			
Fittings			
Drapes			
Net Curtains			
Notice Board			
Light Shade			
State of Carpet			
State of Walls			
Mirror			
Coat Hangers			
Towel Rail			
Fire Evacuation Sign			

Start of Year Check - Comments: _____

Member's Signature: _____ Date: _____

College Leader Name: _____ Signature: _____

End of Year Check - Comments: _____

College Leader Signature: _____ Date: _____