

ROOM DAMAGE REPORT

HALL..... ROOM #.....		BED # TEL #			DATE
DELIVERED/RECEIVED		CHECK		COMMENTS	
KEYS	OK	Dmg	Missing		
Room Key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drawers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mailbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ROOM FEATURES		OK	Dmg	Missing	COMMENTS
BUNK BED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CLOSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DOOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WALL PAINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WINDOWPANE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CHAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FLOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RADIATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FLY SCREEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BATHROOM		OK	Dmg	Missing	COMMENTS
DOOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COUNTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CABINETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MIRROR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TOILET LID + FLUSH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FLOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER					
CHECKED BY			SIGNED		