

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"/>	
CABINetry	<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	