



NEOM Hospital Form

Accommodation Check-Out Form

EFS Facilities Services

MALE

Section 1. Guest Details

Guest Name	HASSAN MOHAMMED GOHAL		
Company ID/Passport No.	9269/1070692189	Company Name	FAREH
Department	PECU	Position	CONSULTANT
Building Number	B-2	Room Number	R-5 (INNER (A))
Status/Rationale of Leave: Annual Leave <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Others <input checked="" type="checkbox"/>			

Section 2. Furniture, Electrical, Appliances & Household Items

Personal Items	Issued No	Common Items	Issued No
Bed with mattress	1	Fridge	1
Bedside Table	1	TV	1
Bed Sheet, Pillow & Pillowcase	2	Telephone	1
Duvet, Bath Towel, Hand Towel & Face Towel	1	Chairs	2
Room Door Key	1	Coffee Table	1
Snack Plate, Coffee Mug, WaterGlass & Spoon	1	TV Remote	1
Room Slippers	1	A/C Remote	1
Welcome Pack Set	1	Laundry Bag	1
Bed Lamp	1		

Section 3. Guest Remark

Guest Signature:		Check-Out Date	01/08/24
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Section 4. Accommodation In-charge Remarks

Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Keys returned	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Accommodation In-charge Name		
Accommodation In-charge Signature		Date 05/08/2024

NHQS-Q-FD: Accommodation Check-Out Form

Removal from the group