

Johnson Building Intern Housing Amenities Checklist (Three Occupants)

KITCHEN

Check-in Check-Out

| | | |
|-------|-------|-----------------------------|
| _____ | _____ | 1 - Coffee Maker |
| _____ | _____ | 1 - Toaster Oven |
| _____ | _____ | 1 - Kitchen Wastebasket |
| _____ | _____ | 1 - Paper Towel Holder |
| _____ | _____ | 1 - Flatware Drawer Divider |
| _____ | _____ | 1 - Cutting Board |
| _____ | _____ | 1 - Kitchen Tongs |
| _____ | _____ | 1 - Large Spoon |
| _____ | _____ | 1 - Spatula |
| _____ | _____ | 1 - Can Opener |
| _____ | _____ | 1 - Kitchen Shears |
| _____ | _____ | 1 - Paring Knife |
| _____ | _____ | 1 - Plastic Pitcher |
| _____ | _____ | 1 - 8" Plastic Bowl |
| _____ | _____ | 1 - 12" Plastic Bowl |
| _____ | _____ | 1 - Oval Baking Dish |
| _____ | _____ | 1 - Oval Platter |
| _____ | _____ | 1 - 2-Cup Measuring Cup |
| _____ | _____ | 1 - Set of Measuring Spoons |
| _____ | _____ | 6 - Tall Glasses |
| _____ | _____ | 6 - Short Glasses |
| _____ | _____ | 6 - Coffee Mugs |
| _____ | _____ | 6 - Dinner Plates |
| _____ | _____ | 6 - Salad Plates |
| _____ | _____ | 6 - Cereal Bowls |
| _____ | _____ | 6 - 5 Pc. Flatware |

(6 Knives, 12 Forks, & 12 Spoons)

BATHROOM

Check-in Check-out

| | | |
|-------|-------|---------------------|
| _____ | _____ | 1 - Wastebasket |
| _____ | _____ | 1 - Soap Dish |
| _____ | _____ | 1 - Shower Hook Set |
| _____ | _____ | 1 - Shower Curtain |

Check In Comments/Damage:

BEDROOM/LIVING ROOM

Check-in Check-out

| | | | |
|-------|-------|---|---------------------|
| _____ | _____ | 1 | Ironing Board/Cover |
| _____ | _____ | 1 | Iron |
| _____ | _____ | 1 | Bulletin Board |
| _____ | _____ | 1 | 22" TV |
| _____ | _____ | 1 | TV Remote Control |
| _____ | _____ | 1 | Door Stop |

CLEANING ITEMS

*To be completed prior to room check
with your RA and maintained for
remainder of your stay.*

| | |
|-------|---|
| _____ | Microwave clean |
| _____ | Coffee Pot clean |
| _____ | Refrigerator/Freezer clean & empty |
| _____ | Dishes clean & put away |
| _____ | Cupboards clean |
| _____ | Kitchen Floor clean |
| _____ | Table/Counters/Kitchen Sink wiped down |
| _____ | Trash Cans empty & clean |
| _____ | Shelves dusted/wiped down |
| _____ | Drawers empty & clean |
| _____ | Carpet vacuumed |
| _____ | Bathroom Sink, Tub, Commode, Medicine Cabinet & Floor clean |
| _____ | Windows closed/Screens down |
| _____ | Furniture arranged properly |
| _____ | Mail Forwarding |

ITEMS TO TURN IN

Check-out

| | |
|-------|--------------------|
| _____ | Access Control fob |
| _____ | Room key |
| _____ | Stairwell key |
| _____ | Mailbox Key |

Room # _____

I acknowledge that the above stated materials, as well as room amenities, furniture, walls, carpet, and fixtures are present, clean and in good working condition.

Resident's Signature

Date

Resident's Signature

Date

Resident's Signature

Date

Resident Advisor

Date

Check out:

I acknowledge that the above stated materials, as well as room amenities, furniture, walls, carpet, and fixtures are present, clean and in good working condition. I understand that we may be subject to charges in addition to the amenities fee for damaged/missing items.

Resident's Signature

Date

Resident's Signature

Date

Resident's Signature

Date

Resident Advisor

Date

Comments/Damage: (to be completed by Resident Advisor)
