



# UNIVERSITY OF TORONTO

Ancillary Services

## 35 CHARLES STREET WEST – RECREATION ROOM (215) CHECKLIST

Resident(s) Name: \_\_\_\_\_ Building #: \_\_\_\_\_ Unit #: \_\_\_\_\_

Reservation Date: \_\_\_\_\_ Reservation Time: \_\_\_\_\_

Check-In Inspection Completed By: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Check-Out Inspection Completed By: \_\_\_\_\_ Date & Time: \_\_\_\_\_

✓ Satisfactory ✗ Unsatisfactory, requires attention				
ITEM(S)	CONDITION AT CHECK-IN	CONDITION AT CHECK-OUT	NOTES	REQUIRED ACTION
Flooring				
Walls				
Kitchen Countertops				
Kitchen Cabinets				
Sink & Faucet				
Refrigerator (Interior and Exterior)				
Microwave (Interior and Exterior)				
Sliding Doors				
Interior and Exterior Door(s)				
Chairs (50)				
Tables (6)				
Air Conditioner				
Tack Board				
Window Blinds				
Garbage and Recycling Bins				
Disposal of Garbage				
Ceiling				
Lights				
Electrical Outlets				
Windows				
Broom & Dust Pan				

Additional Information or Comments:

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<p><b>Office Use Only</b></p> <p><u>Charges for Replacement, Repair, or Cleaning</u></p> <p>Equipment Replacement: _____</p> <p>Repairs: _____</p> <p>Cleaning: _____</p> <p>Other: _____</p>
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