



HALL - CHECKLIST FOLLOWING USE

Key returned	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rubbish disposed off	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Floors washed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Toilets cleaned	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Forms, tables and chairs clean and undamaged	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kitchen clean and tidy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fridge cleaned and turned off	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stoves cleaned	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Microwave cleaned	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All power points working	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All lights working	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Curtains undamaged	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lights turned off at mains	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Carpets left clean	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any damage reported	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Details of Damage

Caretaker's Signature _____

Tenant's Signature _____