

# Condition Report - UKO Rosebery

Please be advised that you have 5 working days to fill in the condition report, otherwise we will assume that the unit is in perfect condition.

\* Required

1. Name: \*

2. Email \*

3. Unit Number: \*

4. Australian Mobile/Cell Phone Number: \*

5. Check in date: \*



## Kitchen

Please check the condition of the kitchen and provide details below.

### 6. Kitchen \*

	Clean	NOT Clean	Damaged	Not applicable
Walls / Ceiling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blinds/curtains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lights/Power Points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floor/Coverings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cupboards/Drawers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bench Tops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exhaust Fan/Rangehood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kettle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microwave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stove Top/Hot Plate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refrigerator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 7. Comments:

## Bathroom

8. Please check the condition of the bathroom and provide details below.

\*

	Clean	NOT Clean	Damaged	Not applicable
Walls/Ceiling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Door/Windows/ Screens/Locks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lights/Power points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floor/Coverings /Tiles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wash Basin/Taps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mirror/Cabinet/ Vanity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Towel Rails/Toilet Roll Holder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shower/Shower Glass/Shower Door	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## BED & LIVING

9. Please check the condition of the bed and living areas and provide details below.

\*

	Clean	NOT Clean	Damaged	Not applicable
Walls/Ceiling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Door/Windows/ Screens/Locks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blinds/Curtains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lights/Power points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Floor/Coverings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wardrobe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TV/Remote	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couch/Sofas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tables/Desks/C hairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air- conditioning & Control Panel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intercom & Control Panel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Comments

# INVENTORY

11. Please confirm the quantity of listed items in the apartment. \*

	1	2	Not Applicable
Refrigerator x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microwave x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-Burner Hot Plate / Stove Top x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kettle x1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plate x 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bowls x 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking Glass x 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner Knife x 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner Fork x 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner Spoon x 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaspoon x 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peeler x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking/Chef Knife x 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pot (small) x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pot (large) x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frying Pan x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colander/Strainer x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chopping board x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utensils (1 x Spatula, 1 x Ladle, 1 x Spoon, 1 x Tongs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kitchen Bin (under sink) x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please confirm the quantity of listed items in the apartment.

\*

	1	2	Not Applicable
TV Remote	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smart TV (wall-mounted) x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mattress Protector x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toilet Brush x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathroom Bin x 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Comments:

14. I hereby declare that the information provided is true and correct. \*

Yes

No

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