

*Campus Dormitory
„Room condition assessment sheet ”*

..... resident 1. Neptun code
 resident 2. Neptun code
 resident 3. Neptun code :

Recording of student movements in the room:

In case of room chance, the move-in-move-out residents

(the relevant part should be underlined)

..... resident 4. Neptun code:
 resident 5. Neptun code
 resident 6. Neptun code

In the event of room damage, the occupant (s) are individually liable. The price list for damages can be viewed at the Dormitory Office / nr. 4. office /, and in the office of Campus-Land Nonprofit Kft. / 1st building 1st floor /
With regard to personal belongings left in the dormitory room after moving out, the Civil Code. 5:12. §. will be applied.

Inventory items in the room

Please underline or circle the appropriate section! Nr. residents: 2-3

- | | | | |
|-------------------|------------|--|----------|
| ◆ Curtains | 2 p. - 4p. | ◆ Fridge: | YES – NO |
| ◆ Couch | 2 p – 3 p | ◆ Trash can: (1 db) | YES – NO |
| ◆ Desk | 2 p – 3 p | ◆ Shower curtain (1 db) | YES – NO |
| ◆ Chair | 2 p – 3 p | ◆ Smoke detector mounted on the ceiling: 2 p – 3 p | |
| ◆ Built-in closet | YES – NO | ◆ Coat hanger 80X30 cm: | YES – NO |
| ◆ Drawer cabinet | YES – NO | ◆ Magnetic card reader: | YES – NO |
| ◆ Bookshelf | 1 p – 2 p | ◆ TV socket | YES – NO |
| ◆ Table lamp: | 2 p – 3 p | ◆ Internet cable plug | YES – NO |

Conditon of the room

Please circle the appropriate section, or fill it in as appropriate, or delete it if you have not entered any comments.

Entrance door:

Room number: YES NO
 Door protection plate: YES NO
 Condition of the door GOOD BROKEN

Card reader:

BROKEN – WORKING
 BROKEN – WORKING

Note:.....

Lobby:

Wall condition: CLEAN – DIRTY – WATERMARK
 THE PLASTER IS CRACKED ON THE WALL – NOT CRACKED
 Ceiling: CLEAN– WATERMARKS
 Floor covering : GOOD– DAMAGED If damaged
 Built-in closet + key: GOOD– DAMAGED If damaged:.....
 Electric cable cover: YES – NO
 Light switch GOOD– DAMAGED If damaged:.....

Shower:

Wall condititon: CLEAN – DIRTY – WATERMARK
 Ceiling: CLEAN– WATERMARKS
 Shower threshold : GOOD – ROTTEN; STABIL – NOT STABIL
 Shower curtain: YES – NO GOOD – DAMAGED
 Washbasin: GOOD – DAMAGED At the side: CLEAN – MOLDY

| | | | |
|----------------|--------------------------|-----------------|--------------------------|
| Shower tray : | GOOD – NOT STABLE | GOOD – DAMAGED | CLEAN – MOLDY |
| Electric plug: | GOOD – DAMAGED | NOTE:..... | |
| Shower holder | GOOD – DAMAGED - MISSING | Soap dish: | GOOD – DAMAGED - MISSING |
| Shower head: | GOOD – DAMAGED - MISSING | Shower hose: | GOOD – DAMAGED - MISSING |
| Tower holder: | GOOD – DAMAGED - MISSING | Bathroom lock : | GOOD – DAMAGED - MISSING |

Room:

Wall: GOOD-DAMAGED If damaged: traces of glue, dirty, decoration,etc
 Other note:
 Condition of the ceiling: CLEAN-WATERMARK
 Other note.:
 Floor: GOOD-DAMAGED Other note.:.....
 Window sill: Stable – Not stable
 Curtains: YES_NO NOTE:
 Faincol (heat) cover: GOOD – BROKEN
 Table: GOOD-DAMAGED Note:
 Chair: GOOD-DAMAGED Note.:
 Bed: GOOD-DAMAGED Note:
 Electric switch GOOD-DAMAGED Note.:
 Electric plug: GOOD-DAMAGED Note.:
 Internet plug: GOOD-DAMAGED Note:

Fridge:

Accessories : YES – MISSING Missing items.....
 Freezer door: GOOD – DAMAGED Note:
 Drink holder: GOOD – DAMAGED Note:
 Fridge handler: GOOD – DAMAGED Note.:
 Fridge light: ON-OFF

Other notes regarding the condition of the room:

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Time of the condition assessment: 20.....

.....
resident 1. signature

.....
resident 2. signature

.....
resident 3. signature

Taken: 20.... yearmonth.....day

.....
Signature of the operator, stamp

Student moving register:

To be signed in case of room change: new move-in resident, moving out resident (**the relevant part should be underlined**)

..... resident 4 (signature)

Date: 20....year.....monthday

.....

Signature of the operator, stamp

..... resident 5 (signature)

Date: 20....year.....monthday

.....

Signature of the operator, stamp

..... resident 6 (signature)

Date: 20....year.....monthday

.....

Signature of the operator, stamp

Date: 20....year.....monthday

Signature of the operator, stamp