

Campus Dormitory
„Room condition assessment sheet”
Academic year 2020/2021

.....resident 1. Neptun code:

..... resident 2. Neptun code

..... resident 3. Neptun kód:

Recording of student movements in the room:

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

(the relevant part should be underlined)

..... resident 4. Neptun code:

..... resident 5. Neptun code:

..... resident 6. Neptun code:

Inventory items in the room

Please underline or circle the appropriate section! Number of residents: 2 – 3

- | | | | |
|--------------------------|--------|---|----------|
| ◆ Curtains | 2 | ◆ Internet cable plug | YES – NO |
| ◆ Couch | 2 – 3 | ◆ Smoke detector mounted on the ceiling | YES-NO |
| ◆ Desk | 2 – 3 | | |
| ◆ Chair | 2– 3 | ◆ Items in common use: | |
| ◆ 2-piece hanging locker | YES-NO | ◆ Fridge | YES-NO |
| ◆ 2 piece shelf cabinet | YES-NO | ◆ 2- ring electric hob | YES-NO |
| ◆ 3- piece shelf cabinet | YES-NO | ◆ Trashcan | YES-NO |
| ◆ Table lamp | 2- 3 | ◆ Shower curtain | YES-NO |
| ◆ Magnetic card reader | YES-NO | ◆ Coat hanger | YES-NO |
| ◆ TV socket: | YES-NO | ◆ Smoke detector mounted on the ceiling : 3 | |

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.

Condition 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

IV. building

.....room

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:

.....
.....

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