

BEFORE WE LEAVE RESIDENT CHECKLIST

PLEASE LEAVE THIS CHECKLIST TAPED TO THE DOOR

ROOMMATES				ASSIGNED TO	
1st	2nd	3rd	4th		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	I/we have unplugged, defrosted and cleaned the fridge (no visible signs of debris of any kind). The unit needs to be clean, dry and left open.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	I/we have cleaned the microwave plate and left it inside the microwave.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	I/we have moved ALL furniture back to its original position; specifically the bed needs to be returned to its original location and height (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	I/we have thoroughly cleaned the bathroom shower, toilet, sink and floor (if applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ALL ROOMMATES</u>	I have emptied, dusted, and wiped down my drawers and closet and left them open.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ALL ROOMMATES</u>	I have removed everything off the interior walls, windows, ceilings, floors and doors (no sticky residue, tape, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>ALL ROOMMATES</u>	I have removed trash bags , and other large items (i.e. carpets) and disposed of them not in the hallway.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	I/we have emptied and washed out the trash can and recycling bins and they have been left in my room.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	I have closed the blinds and turned off all lights .

All residents **MUST** sign the form upon departure to notify staff that they have left.

NAME (1 ST ROOMMATE) _____ DEPARTURE DATE _____ DEPARTURE TIME _____
NAME (2ND ROOMMATE) _____ DEPARTURE DATE _____ DEPARTURE TIME _____
NAME (3RD ROOMMATE) _____ DEPARTURE DATE _____ DEPARTURE TIME _____
NAME (4TH ROOMMATE) _____ DEPARTURE DATE _____ DEPARTURE TIME _____