

Please submit this within 3 days after your check-in date
to Housing Management Section (housing@oist.jp).

Furniture and Room Check List

Precious One

Items	Description	Qty.	Check-in(Leave coments if neccessary)	check-out
Refrigerator		1	<input type="checkbox"/>	<input type="checkbox"/>
Washing Machine		1	<input type="checkbox"/>	<input type="checkbox"/>
Microwave		1	<input type="checkbox"/>	<input type="checkbox"/>
Curtains	Each window	1 set	<input type="checkbox"/>	<input type="checkbox"/>
Low Table	W75 x H32 x D50 cm	1	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum Cleaner		1	<input type="checkbox"/>	<input type="checkbox"/>
Dining Table Set	①Table×1 ②Chair×2	1 set	<input type="checkbox"/>	<input type="checkbox"/>
Dish Tray (Drying Basket)		1	<input type="checkbox"/>	<input type="checkbox"/>
Simple Shelf	(underneath the sink)	1	<input type="checkbox"/>	<input type="checkbox"/>
Trash Boxes	①Burnable, ②Non-burnable, ③Recycle	3	<input type="checkbox"/>	<input type="checkbox"/>
Bed (Single)	Bed frame & Mattress	1	<input type="checkbox"/>	<input type="checkbox"/>
Bed Linen Set	①Bed pad ②Pillow ③Pillow cover ④Sheet ⑤Blanket ⑥Blanket cover	1 set	<input type="checkbox"/>	<input type="checkbox"/>
Study Desk Set	①Desk ②Desk Chair ③Chest	1 set	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom Chest	A plactic chest in the closet.	1	<input type="checkbox"/>	<input type="checkbox"/>
Hair Dryer		1	<input type="checkbox"/>	<input type="checkbox"/>
Keys	①Room Key×1 ②Desk Chest Key×1	1 set	<input type="checkbox"/>	<input type="checkbox"/>

If you see any issue like damage, scratch and stain in the room, please leave a comment.

Comment

Agreement between OIST and Resident Concerning use of Furniture and the Residential Unit

Whereas OIST has provided furniture, furnishings and other household items (the Furniture) in the residential unit to be occupied by the Resident, OIST and the Resident hereby agree as follows:

1. An inventory of the items of Furniture provided in the unit when the Resident took up occupancy is attached, and must be checked as correct and signed by the OIST Representative and Resident at the commencement of occupancy.
2. The Resident shall be solely responsible for the use of Furniture and the room, and shall use and take care of all items of Furniture in a responsible manner. This shall include regular cleaning and user maintenance as appropriate for each item.
3. The resident shall immediately report to the OIST Representative in the Housing Management Office the loss, damage or breakage of any item of Furniture.
4. Repair or replacement of any item of furniture and furnishings which is assessed as due to normal wear and tear shall be made at the expense of OIST, but the Resident may be held responsible for the cost of any repair or replacement which is assessed as due to negligence or willful behavior of the Resident. (Note: the Resident shall be considered responsible for the behavior of any person that he or she permits to enter the residential unit.)
5. The Resident shall be responsible for the cost of any repair or replacement of household items.
6. At the time of vacating the residential unit, OIST shall inspect and check each item of Furniture against the inventory attached hereto, and responsibility for any repair or replacement deemed necessary shall be assessed in accordance with Paragraph 4 above,
7. The Resident shall NOT change the room. This includes the bed room.
8. The Resident shall immediately move out of the room after the internship termination.
9. The Resident shall not leave anything behind when the time of vacating the residential unit.

I have read and accept the conditions in this check list and agreement.

Please click the left box and add "✓".

Resident Name: _____

Date: _____

Room No. : _____

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(OIST use only) Housing Management Section: