ROOM DATA SHEET

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| Room Number: |  |
| Floor Level: |  |

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| **TYPE** | **ITEM** | **DESCRIPTION** | **NO. / SIZE** |
| Mechanical | Dispenser | * Soap, Disinfectant, Brush |  |
| Taps | * Manual, Wrist, Hands-free |  |
| Electrical | Power | * Emergency, Low Voltage |  |
| * Earth Leakage A / B |  |
| Light | * General, Dimmer, Step |  |
| * Clinical, Emergency, Night |  |
| Interiors | Ceilings | * Fall Ceilings |  |
| Floor | * Carpet, Vinyl, Non- Slip |  |
| Windows | * Glazed Windows, Blinds |  |
| Walls | * Wet / Dry |  |
| * Fire / Smoke / Acoustic |  |
| * Other |  |
| Room Fittings | Furniture | * Cupboards, Shelves |  |
| * Drawers, Wardrobe |  |
| Wall - Board | * Pin / Spirit |  |
| * Writing / Painting walls |  |