ROOM DATA SHEET

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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
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