Management

| Residents Asset Register | | Form no: 7.0.11 |
|--------------------------------------|---|--|
| | | |
| Resident Name: | | |
| Resident Room No: | | |
| Date Admitted: | | |
| - | | |
| Please complete the following | g table listing the assets | you will be bringing into Eva Tilley. |
| Asset Type: eg. TV, video, furniture | Details: | Estimated Value: |
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| appliances) must be checked of | and tagged by a qualified cal appliances will be org | l electrical appliances (including new d electrician prior to entry. Upon admission, ganised through reception and a \$10 charge "Trust" account. |
| (Please indicate by ticking the | e relevant box) | |
| Electrically Tagged: \Box | YES N | О |
| (Please circle one: Tagged prior | r to entry/Tagged upon ad | mission into Eva Tilley) |
| Date items tagged: | | |
| Person tagged by: | | |
| Admin Use only: No. of Items t | tagged: | Cost: |

2001 03 58 288 300

Authorised by: QIP Committee Date: June 2012