NPUST Student Rental Care Visit Form

Date of visit:

Dep	artmer	nt: Student number:	Name:						
		ldress:	Landlord Tel:						
School visitors:									
project	Item	Event content	Results visit		Description of the visit				
Safety assistance items	1	Whether the room is a wooden compartment or covered with iron?	OK	NO					
	2	Is indoor wiring safe?							
	3	Are residential fire alarms (smoke detectors) installed?							
	4	Are fire extinguishers or related firefighting equipment installed?							
	5	Is the escape route (marked) clear (clear)?							
	6	Is an electric water heater installed?							
	7	Does the building have access control measures?							
	8	Whether the floor is divided into 6 or more units or 10 or more beds							
	9	Whether there are monitors in or around the room Prepare?							
	10	Indoor or perimeter passages (parking lots) are available							

Advocacy projects	11	Do you use Ministry Of The Interior tenancy deeds?							
	12	Whether stu							
Advoc	10	Do students common sens safety?							
		House owner			studen	ıt			
Sig	gnature	School personnel			Accompany persons	ing			
Photos of the visit									
		Post a	photo	Post a photo					
		Post a	photo	Post a photo					
Event results									
□Meet the needs					□Track improvements				
gra	sp the		or students and	Suggested improvements: Inform students and parents to be aware and move as soon as appropriate					
0	ther:			□Continuous tracking control, records for reference					
				Control review time:					