NPUST Student Rental Care Visit Form

Date of visit:

Ren		Student number: Idress: isitors:	Name: Landlord Tel:					
	Item	Event content	Result	s visit	Description of the visit			
project			OK	NO	Description of the visit			
Salety mandatory items	1	Whether the room is a wooden compartment or covered with iron?						
	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?(Install power disconnection facilities?)						
	7	Does the building have access control measures?						
Safety assistance items	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?						
Safety	10	Indoor or perimeter passages (parking lots) are available						

Advocacy projects	11	Do you use Interior te							
	12	Whether stuescape roun							
Advoca	13	Do students common sens safety?							
		House owner			studen	ıt			
signature		School personnel		Accompany persons	ring				
Photos of the visit									
		Post a	n photo	Post a photo					
Post a photo					Post a photo				
Event results									
<pre></pre>									
C					Control review time:				