

Inventory list

Airstream K- 5 berth

Set Double,

Double, single

| BOOKING NAME | | EVENT | |
|--|----------|-----------------|--|
| ITEM | QUANTITY | FAULTS/COMMENTS | |
| DOOR MAT | 1 | | |
| FIRE EXTINGUISHER, GREEN LEVEL | 1 | | |
| MAIN BIN AND BIN BAG | 1 | | |
| KETTLE: (Please note this is electric, do not put on the hob). | 1 | | |
| Toaster | 1 | | |
| CAFETIERE | 1 | | |
| TEA TOWEL | 2 | | |
| KITCHEN ROLL | 1 | | |
| ICE CUBE TRAY | 1 | | |
| GLASSES | 5 | | |
| WINE GLASSES | 5 | | |
| SAUCEPANS | 3 | | |
| Frying pan | 1 | | |
| Baking tray (with foil) | 1 | | |
| Tin foil | 1 | | |
| CUPS | 5 | | |
| BOWLS | 5 | | |
| PLATES | 5 | | |
| SMALL PLATES | 5 | | |
| Felt plate holder bag | 1 | | |
| SPONGE, BRUSH, LIQUID , side spray , 2 black bin bags, 1 small bin bag | 1 | | |

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|-----------------------------|-------------------------|--|--|
| CHOPPING BOARD | 1 | | |
| BREAD KNIFE | 1 | | |
| CHOPPING KNIFE | 2 | | |
| BOTTLE OPENER | 1 | | |
| Click lighter | 1 | | |
| WOODEN SPOONS | 3 | | |
| CAN OPENER | 1 | | |
| CUTLERY TRAY | 1 | | |
| KNIVES | 5 | | |
| FORKS | 5 | | |
| SPOONS | 5 | | |
| TEASPOONS | 5 | | |
| CUSHIONS | 5 | | |
| BATHROOM BIN | 1 | | |
| DOUBLE DUVET | 2 | | |
| DOUBLE SHEET | 2 | | |
| DOUBLE DUVET COVER | 2 | | |
| SINGLE SHEET | 1 | | |
| SINGLE DUVET | 1 | | |
| SINGLE DUVET COVER | 1 | | |
| PILLOWS | 10 | | |
| PILLOW CASES | 10 | | |
| MATTRESS PROTECTOR ; MAIN | DOUBLE | | |
| MATTRESS PROTECTOR ; SPARES | DOUBLE : 1 SINGLE :1 | | |
| Bed throw | 1 per made up bed | | |
| SHOWER MAT | 1 | | |
| TOILET BRUSH | 1 | | |

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|-------------------------|-----------|--|--|
| Toilet roll | 2 | | |
| Sanitary bags | 1 box | | |
| Shampoo and conditioner | 1 of each | | |
| HAND TOWELS | 5 | | |
| Bath TOWELS | 5 | | |
| COAT HANGERS | 5 | | |
| STEREO, | 1 | | |
| Bluetooth connector | 1 | | |
| TV & REMOTE | 1 | | |
| INSTRUCTION MANUAL | 1 | | |
| DUST PAN & BRUSH | 1 | | |
| SWEEPING BRUSH | 1 | | |
| Green bucket | 1 | | |
| Linen bag | 1 | | |
| Deck chairs | 5 | | |

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|----------------|
| DATE: |
| Housekeeping : |
| Client : |
| Comments : |