DEPARTMENT OF HEALTH

DDD/OCB - Certification Unit

RESIDENT INVENTORY

RESIDENT: _____ YEAR: _____

ITEM	J	F	M	A	M	J	J	A	S	O	N	D	TOTAL
Bathrobe													
Brassiere													
Coat													
CD Player													
Compact Discs													
Dress													
Jacket													
Muumuu													
Nightgown													
Pajamas													
Purse or Wallet													
Radio													
Shoes													
Shorts													
Slip													
Slippers													
Socks													
Stockings													
Sweater													
T-Shirt													
Trousers													
Television													
Underpants													
Undershirts													
Watch													