



	INSPECTION FORM
Resident	
Address:	
Date:	

Additional Notes			

ROOM	COND	ITION
Kitchen	OK?	Comments
Stove		
Refrig/Ice Maker		
Oven		
Microwave		
Disposal		
Sink/Faucet		
Dishwasher		
Cabinets		
Counter tops		
Walls		
Outlets/switches		
Floors		
Windows		
Window coverings		
Light fixtures		
Doors/knobs/locks		
Other		
Living Room	OK?	Comments

Walls		
Outlets/switches		
Floors		
Windows		
Window coverings		
Light fixture		
Doors/knobs/locks		
Other		
Dining Room	OK?	Comments
Walls		
Outlets/switches		
Floors		
Windows		
Window coverings		
Light fixture		
Doors/knobs/locks		
Other		
Bedroom	OK?	Comments
Walls		
Outlets/switches		
Floors		
Windows		
Window coverings		
Light fixture		
Doors/knobs/locks		
Closets		
Other		
Bedroom 2	OK?	Comments
Walls		
Outlets/switches		
Floors		
Windows		
Window coverings		
Light fixture		
Doors/knobs/locks		
Closets		

Other		
Bedroom 3	OK?	Comments
Walls		
Outlets/switches		
Floors		
Windows		
Window coverings		
Light fixture		
Doors/knobs/locks		
Closets		
Other		
Bath	OK?	Comments
Walls		
Outlets/switches		
Vanity/Cabinets		
Floors		
Mirror		
Windows		
Window coverings		
Light fixtures		
Doors/knobs/locks		
Faucets/drains		
Toilet		
Shower/Tub		
Bath 2	OK?	Comments
Walls		
Outlets/switches		
Vanity/Cabinets		
Floors		
Mirror		
Windows		
Window coverings		
Light fixtures		
Doors/knobs/locks		
Faucets/drains		
Toilet		

Shower/Tub		
Family Room	OK?	Comments
Walls		
Outlets/switches		
Floors		
Windows		
Window coverings		
Light fixtures		
Doors/knobs/locks		
Other		
Garage	OK?	Comments
Floor		
Walls		
Garage opener		
Keypad/Sensors		
Garage door(s)		
Service door		
Other		
Miscellaneous	OK?	Comments
Fireplace(s)		
Smoke		
alarm/CO2		
Furnace/ac filter		
Washer/dryer		
Lint traps		
Water softner/salt		
Trash/Recycling Bins		
Other		
Exterior	OK?	Comments
Screens		
Yard		
Landscaped Areas		
Gutters		
Fence		
Driveway		
Roof/Shingles		

Sprinkler System	
Mail Box/Keys	
Other	

INSPECTIO	N RESULTS HERE	BY AC	CEPTED
Resident		Date	
Resident		Date	

FOLLOW-UP INSPECTION (IF REQUIRED)				
Decident	Dele			
Resident	Date			
Resident	Date			

Photos From The Inspection