INSPECTION REPORT

Address_____ Date_____

KITCHEN:	SATISFACTORY	UNSATISFACTORY	COMMENTS
Refrigerator			_____
Stove			_____
Sink			_____
Countertop(s)			_____
Dishwasher			_____
Disposal			_____
Cabinets			_____
Floor			_____
Window(s)			_____
Screens			_____
Other			_____
LIVING ROOM:			
Carpeting/Floor			_____
Walls			_____
Window(s)			_____
Blinds/Shades			_____
Screens			_____
DINING ROOM:			
Carpeting/Floor			_____
Walls			_____
Window(s)			_____
Light Fixture			_____
Blinds/Shades			_____
Screens			_____
FAMILY ROOM:			
Carpeting/Floor			_____
Walls			_____
Window(s)			_____
Light Fixture			_____
Blinds/Shades			_____
Screens			_____
BATHROOM 1:			
Sink & Vanity			_____
Bathtub/Shower			_____
Commode			_____
Floor			_____
Window(s)			_____
Screens			_____

Address _____ Date_____

	SATISFACTORY	UNSATISFACTORY	COMMENTS
BATHROOM 2:			
Sink & Vanity	✐	✐	_____
Bathtub/Shower	✐	✐	_____
Commode	✐	✐	_____
Floor	✐	✐	_____
Window(s)	✐	✐	_____
Screens	✐	✐	_____
BATHROOM 3:			
Sink & Vanity	✐	✐	_____
Bathtub/Shower	✐	✐	_____
Commode	✐	✐	_____
Floor	✐	✐	_____
Window(s)	✐	✐	_____
Screens	✐	✐	_____
BATHROOM 4:			
Sink & Vanity	✐	✐	_____
Bathtub/Shower	✐	✐	_____
Commode	✐	✐	_____
Floor	✐	✐	_____
Window(s)	✐	✐	_____
Screens	✐	✐	_____
BEDROOM 1:			
Carpeting/Floor	✐	✐	_____
Walls	✐	✐	_____
Closet(s)	✐	✐	_____
Window(s)	✐	✐	_____
Blinds/Shades	✐	✐	_____
Screens	✐	✐	_____
BEDROOM 2:			
Carpeting/Floor	✐	✐	_____
Walls	✐	✐	_____
Closet(s)	✐	✐	_____
Window(s)	✐	✐	_____
Blinds/Shades	✐	✐	_____
Screens	✐	✐	_____
BEDROOM 3:			
Carpeting/Floor	✐	✐	_____
Walls	✐	✐	_____
Closet(s)	✐	✐	_____
Window(s)	✐	✐	_____
Blinds/Shades	✐	✐	_____
Screens	✐	✐	_____

Address _____ Date_____

	SATISFACTORY	UNSATISFACTORY	COMMENTS
BEDROOM 4:			
Carpeting/Floor			_____
Walls			_____
Closet(s)			_____
Window(s)			_____
Blinds/Shades			_____
Screens			_____
BASEMENT:			
Carpeting/Floor			_____
Walls			_____
Closet(s)			_____
Window(s)			_____
Blinds/Shades			_____
Screens			_____
Steps/Railing			_____
Sump Pump			_____
EXTERIOR/GROUNDS:			
Sidewalk			_____
Driveway			_____
Steps/Railing			_____
Light Fixtures			_____
Porch			_____
Gutters			_____
Down spouts			_____
Grass			_____
Trees/Shrubbery			_____
Fence			_____
Garage			_____
Shed			_____
Window Wells			_____
Patio/Deck			_____
Sliding Glass Door			_____
Screens			_____
Other			_____
WASHER:			_____
DRYER:			_____
SWITCHES:			_____
OUTLETS:			_____
DOORS:			_____
LOCKS:			_____

Comments _____

_____

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_____ _____

TENANT **DATE** **LANDLORD** **DATE**