Property Inspections Checklist

Property Address & Apartment Number

Landlord Name

Tenant Name

Tenant Name

Tenant Name

When completing this form, check the appropriate box:
N = New, S = Satisfactory/Clean, O = Other

ITEM	MOVE IN N S O	COMMENTS
Living Room		
Floor & Floor Covering	▢ ▢ ▢	
Walls & Ceiling	▢ ▢ ▢	
Door(s)	▢ ▢ ▢	
Door Lock(s) & Hardware	▢ ▢ ▢	
Lighting Fixture(s)	▢ ▢ ▢	
Window(s)	▢ ▢ ▢	
Screen(s)	▢ ▢ ▢	
Window Covering(s)	▢ ▢ ▢	
Smoke Alarm	▢ ▢ ▢	
Carbon Monoxide Alarm	▢ ▢ ▢	
Fireplace	▢ ▢ ▢	

Kitchen	
Floor & Floor Covering	▢ ▢ ▢
Walls & Ceiling	▢ ▢ ▢
Door(s)	▢ ▢ ▢
Door Lock(s) & Hardware	▢ ▢ ▢
Lighting Fixture(s)	▢ ▢ ▢
Window(s)	▢ ▢ ▢
Screen(s)	▢ ▢ ▢
Window Covering(s)	▢ ▢ ▢
Cabinets	▢ ▢ ▢
Counters	▢ ▢ ▢
Stove, Burners, Controls	▢ ▢ ▢
Oven/Rangehood Inside, Outside, Fan	▢ ▢ ▢
Refrigerator	▢ ▢ ▢
Dishwasher	▢ ▢ ▢
Sink(s) & Plumbing	▢ ▢ ▢
Garbage Disposal	▢ ▢ ▢
Fire Extinguisher	▢ ▢ ▢
Dining Room	
Floor & Floor Covering	▢ ▢ ▢
Walls & Ceiling	▢ ▢ ▢
Door(s)	▢ ▢ ▢
Door Lock(s) & Hardware	▢ ▢ ▢
Lighting Fixture(s)	▢ ▢ ▢
Window(s)	▢ ▢ ▢

Screen(s)	▢ ▢ ▢
Window Covering(s)	▢ ▢ ▢
Other	▢ ▢ ▢
Bathroom #1	
Floor & Floor Covering	▢ ▢ ▢
Walls & Ceiling	▢ ▢ ▢
Door(s)	▢ ▢ ▢
Door Lock(s) & Hardware	▢ ▢ ▢
Lighting Fixture(s)	▢ ▢ ▢
Window(s)	▢ ▢ ▢
Screen(s)	▢ ▢ ▢
Window Covering(s)	▢ ▢ ▢
Counters & Surfaces	▢ ▢ ▢
Sink & Plumbing	▢ ▢ ▢
Bathtub/Shower	▢ ▢ ▢
Toilet	▢ ▢ ▢
Exhaust Fan	▢ ▢ ▢
Toilet Paper Holder	▢ ▢ ▢
Towel Rack	▢ ▢ ▢
Other	▢ ▢ ▢
Bathroom #2	
Floor & Floor Covering	▢ ▢ ▢
Walls & Ceiling	▢ ▢ ▢
Door(s)	▢ ▢ ▢
Door Lock(s) & Hardware	▢ ▢ ▢
Lighting Fixture(s)	▢ ▢ ▢

Window(s)	▢ ▢ ▢
Screen(s)	▢ ▢ ▢
Window Covering(s)	▢ ▢ ▢
Counters & Surfaces	▢ ▢ ▢
Sink & Plumbing	▢ ▢ ▢
Bathtub/Shower	▢ ▢ ▢
Toilet	▢ ▢ ▢
Exhaust Fan	▢ ▢ ▢
Toilet Paper Holder	▢ ▢ ▢
Towel Rack	▢ ▢ ▢
Other	▢ ▢ ▢
Bedroom #1	
Floor & Floor Covering	▢ ▢ ▢
Walls & Ceiling	▢ ▢ ▢
Door(s)	▢ ▢ ▢
Door Lock(s) & Hardware	▢ ▢ ▢
Lighting Fixture(s)	▢ ▢ ▢
Window(s)	▢ ▢ ▢
Screen(s)	▢ ▢ ▢
Window Covering(s)	▢ ▢ ▢
Closet, including Doos & Tracks	▢ ▢ ▢
Smoke Alarm	▢ ▢ ▢
Carbon Monoxide Alarm	▢ ▢ ▢
Bedroom #2	
Floor & Floor Covering	▢ ▢ ▢
Walls & Ceiling	▢ ▢ ▢

Door(s)	▢ ▢ ▢
Door Lock(s) & Hardware	▢ ▢ ▢
Lighting Fixture(s)	▢ ▢ ▢
Window(s)	▢ ▢ ▢
Screen(s)	▢ ▢ ▢
Window Covering(s)	▢ ▢ ▢
Closet, including Doos & Tracks	▢ ▢ ▢
Smoke Alarm	▢ ▢ ▢
Carbon Monoxide Alarm	▢ ▢ ▢
Bedroom #3	
Floor & Floor Covering	▢ ▢ ▢
Walls & Ceiling	▢ ▢ ▢
Door(s)	▢ ▢ ▢
Door Lock(s) & Hardware	▢ ▢ ▢
Lighting Fixture(s)	▢ ▢ ▢
Window(s)	▢ ▢ ▢
Screen(s)	▢ ▢ ▢
Window Covering(s)	▢ ▢ ▢
Closet, including Doos & Tracks	▢ ▢ ▢
Smoke Alarm	▢ ▢ ▢
Carbon Monoxide Alarm	▢ ▢ ▢
Hall	
Smoke Alarm	▢ ▢ ▢
Carbon Monoxide Alarm	▢ ▢ ▢
Other	

Heating System	▢ ▢ ▢
Air Conditioning	▢ ▢ ▢
Stair(s)	▢ ▢ ▢
Hallway(s)	▢ ▢ ▢
Lawn(s) & Garden(s)	▢ ▢ ▢
Patio, Terrace, Deck, etc.	▢ ▢ ▢
Parking Area(s)	▢ ▢ ▢
Front/Back Porch	▢ ▢ ▢
Personal Property: _____	▢ ▢ ▢
Personal Property: _____	▢ ▢ ▢
Personal Property: _____	▢ ▢ ▢
Personal Property: _____	▢ ▢ ▢
Other: _____	▢ ▢ ▢
Other: _____	▢ ▢ ▢
Other: _____	▢ ▢ ▢

Additional Comments:

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Inspection Date: _____

_____

Owner/Agent Signature

_____

Tenant Signature

_____

Tenant Signature

_____

Tenant Signature