

PROPERTY INSPECTION REPORT

Please tick/fill the relevant box appropriate(All fields are mandatory)					
Address of Property			Landmark		
Time & Date Inspected			Co-ordinated with		
Name of SM			Name & Designation		
Contact Details			Contact Details		
Items		Comments	Items		Comments
No. of Doors & windows	<input type="checkbox"/>		Housekeeping Staff	<input type="checkbox"/>	
Nth, East, West, Sth position	<input type="checkbox"/>		Laundry	<input type="checkbox"/>	
Locks on windows & doors	<input type="checkbox"/>		Garbage chute	<input type="checkbox"/>	
Interiors (furnished / non-furnished)	<input type="checkbox"/>		Outdoor areas	<input type="checkbox"/>	
Ceiling height	<input type="checkbox"/>		Fencing	<input type="checkbox"/>	
Door locks (Manual / digital)	<input type="checkbox"/>		Rain water tank	<input type="checkbox"/>	
Kitchen	<input type="checkbox"/>		Building Inspection		
Living / Lounge	<input type="checkbox"/>		Appearance of building	<input type="checkbox"/>	
Dining Room	<input type="checkbox"/>		Structural soundness	<input type="checkbox"/>	

Bedroom #1	<input type="checkbox"/>		Cracks in the walls & floors	<input type="checkbox"/>	
Bedroom #2	<input type="checkbox"/>		Leaks in roof or walls	<input type="checkbox"/>	
Bedroom #3	<input type="checkbox"/>		Roof condition	<input type="checkbox"/>	
Bedroom #4	<input type="checkbox"/>		Exposed perimeters on	<input type="checkbox"/>	
Inbuilt wardrobes	<input type="checkbox"/>		Guttering	<input type="checkbox"/>	
Bed Frame & Bed Sheet	<input type="checkbox"/>		Plumbing	<input type="checkbox"/>	
Flooring wooden / marble / tiles	<input type="checkbox"/>		Root damage from trees	<input type="checkbox"/>	
Bathroom #1	<input type="checkbox"/>		Water tightness in garage	<input type="checkbox"/>	
Bathroom #2	<input type="checkbox"/>		Water source (borewell / city board line)	<input type="checkbox"/>	
Bathroom #3	<input type="checkbox"/>		Maintenance	<input type="checkbox"/>	
Kitchen counters / slab	<input type="checkbox"/>		Deposits	<input type="checkbox"/>	
Dampness in bathroom	<input type="checkbox"/>		Housing society	<input type="checkbox"/>	
Bathroom fittings	<input type="checkbox"/>		Insurance	<input type="checkbox"/>	
Air conditioning	<input type="checkbox"/>		Policy on pets	<input type="checkbox"/>	
Gas piping / leaks	<input type="checkbox"/>		Medical facility / conveyance store	<input type="checkbox"/>	
Stairs	<input type="checkbox"/>		Pets Inspection	<input type="checkbox"/>	

Power points & switches	<input type="checkbox"/>		Property tax	<input type="checkbox"/>	
Geysers/solar water heater	<input type="checkbox"/>		Electricity bills meter	<input type="checkbox"/>	
Solar panels	<input type="checkbox"/>		Water bills / meter	<input type="checkbox"/>	
Security & CCTV surveillance	<input type="checkbox"/>		Noise from neighbours	<input type="checkbox"/>	
Safety overload switches	<input type="checkbox"/>		Noise from traffic	<input type="checkbox"/>	
Fire extinguisher	<input type="checkbox"/>		Railway / Aircraft noise	<input type="checkbox"/>	
Lights & Electricity	<input type="checkbox"/>		Neighbouring facilities	<input type="checkbox"/>	
Fire alarm / water sprinkler	<input type="checkbox"/>		Visitor parking	<input type="checkbox"/>	
Water / pipes	<input type="checkbox"/>		Easy access to the property	<input type="checkbox"/>	
Fire alarm	<input type="checkbox"/>		Amenities	<input type="checkbox"/>	

Please provide any additional comments or suggestions

Date:

Place:

Signature: