

**VISUAL INSPECTION REPORT**

Dear unit owner,

Enclosed is the report of our findings ~~resulting~~ from the visual unit inspection performed on xxxx, xx, xxxx at:

Property address

The visual inspection is limited to the following readily accessible installed systems and components within the boundaries of your unit: walls, flooring, ceiling, electrical fixtures, HVAC, plumbing, interior components, and site conditions that affect the structure, for the purposes of providing a general opinion on the overall condition of the unit.

We look forward to discussing ~~this material~~ the inspection results(?) with you in greater ~~length~~ detail after you have reviewed its content.

Please do not hesitate to contact us at 754-971-2837 should you have any questions or concerns.

Sincerely,

Desiree Pinnock

Operations Manager

Chore Maids Inc.

**GENERAL AREA CONDITIONS**

**STRUCTURE:**

CEILING~~S~~ EVIDENCE OF WATER INTRUSION/DAMAGE? YES NO

WALLS EVIDENCE OF WATER INTRUSION/DAMAGE? YES NO

FLOORS EVIDENCE OF WATER INTRUSION/DAMAGE? YES NO

BASEBOARDS EVIDENCE OF WATER INTRUSION/DAMAGE? YES NO

WINDOWS/SLINDING GLASS DOORS:

1. DAMAGED? YES NO
2. SECURED? YES NO
3. EVIDENCE OF WATER INTRUSION? YES NO

**PLUMBING:**

TOILETS LEAKING? YES NO

FAUCETS DRIPPING WATER? YES NO

EVIDENCE OF ANY LEAKS UNDER SINKS? YES NO

**HVAC:**

DOES UNIT APPEAR TO BE OPERATIONAL? YES NO

EVIDENCE OF LEAKING? YES NO

DOES THE FILTER NEED TO BE CHANGED? YES NO

THERMOSTAT READING AT THE TIME OF INSPECTION \_\_\_\_\_\_\_\_\_\_\_\_\_ DEGREES

**ELECTRICAL:**

LIGHT SWITCHES: ARE THEY WORKING? YES NO

**LIFE SAFETY:**

SMOKE DETECTOR – WHAT KIND OF INSPECTION HERE?

**MAJOR APPLI~~I~~ANCES:**

REFIGERATOR – WHAT KIND OF INSPECTION HERE?

STOVE – WHAT KIND OF INSPECTION HERE?

WASHER/DRYER UNITS – WHAT KIND OF INSPECTION HERE?

BASEBOARD – PROBABLY SHOULD NOT BE INCLUDED UNDER APPLIANCES

**PEST:**

TREATMENT NEEDED? YES NO

**OBSERVATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**INSPECTED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**