

02 Property Inspection

PROPERTY INSPECTION FORM

Date:

Technician:

Property Address:

PROPERTY DETAILS

- | | |
|--|-------------------------------|
| ----- | ----- |
| <input type="checkbox"/> Roof Type | Shingle Tile Metal Flat |
| <input type="checkbox"/> Siding Type | Brick Vinyl Stucco Wood Other |
| <input type="checkbox"/> Driveway Material | Concrete Asphalt Pavers |
| <input type="checkbox"/> Walkway Material | Concrete Stone Pavers |
| <input type="checkbox"/> Fence | Yes No - Type: _____ |
| <input type="checkbox"/> Patio/Deck | Yes No - Type: _____ |

AREAS TO SERVICE

- | | | |
|---|----------------|-------|
| ----- | ----- | ----- |
| <input type="checkbox"/> Driveway | Good Fair Poor | |
| <input type="checkbox"/> Walkway | Good Fair Poor | |
| <input type="checkbox"/> Front Porch | Good Fair Poor | |
| <input type="checkbox"/> Sidewalks | Good Fair Poor | |
| <input type="checkbox"/> Garage Floor | Good Fair Poor | |
| <input type="checkbox"/> House Siding | Good Fair Poor | |
| <input type="checkbox"/> Fence | Good Fair Poor | |
| <input type="checkbox"/> Patio/Deck | Good Fair Poor | |
| <input type="checkbox"/> Gutters | Good Fair Poor | |

PRE-EXISTING CONDITIONS

Stains Identified

- Oil/Grease Stains - Location: _____

- Rust Stains - Location: _____
- Mold/Mildew - Location: _____
- Algae - Location: _____
- Hard Water Stains - Location: _____
- Other: _____

Areas of Concern

|-----|-----|-----|

- | | | Low Med High |
- | | | Low Med High |

Surfaces Requiring Special Care

- Painted surfaces - may require lower pressure
- Wood surfaces - risk of damage
- Plants/landscaping - protect from chemicals
- Electrical outlets - cover before washing
- Septic systems - avoid runoff
- Other: _____

PROTECTION NEEDED

|-----|-----|

- | Vehicles | Move Cover |
- | Furniture | Move Cover |
- | Plants/Shrubs | Cover Wet down |
- | Electrical | Cover outlets |
- | Sprinklers | Note location |
- | AC Unit | Cover |
- | Windows | Check seals |

ESTIMATE

|-----|-----|

PHOTOS

Before Photos Taken: Yes No

|-----|-----|-----|

TECHNICIAN NOTES

CUSTOMER ACKNOWLEDGMENT

I acknowledge that:

- Pre-existing conditions have been identified
- Some stains may not fully remove
- Property has been inspected and documented

Customer Signature: _____

Date: _____

Use this form before every job to document property condition and protect yourself.