

02 Property Inspection

PROPERTY INSPECTION FORM

Date:

[DATE]

Technician:

[NAME]

Property Address:

[ADDRESS]

PROPERTY DETAILS

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- ☐ | Roof Type | Shingle Tile Metal Flat |
- ☐ | Siding Type | Brick Vinyl Stucco Wood Other |
- ☐ | Driveway Material | Concrete Asphalt Pavers |
- ☐ | Walkway Material | Concrete Stone Pavers |
- ☐ | Fence | Yes No - Type: _____ |
- ☐ | Patio/Deck | Yes No - Type: _____ |

AREAS TO SERVICE

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

- ☐ | Driveway | Good Fair Poor ||
- ☐ | Walkway | Good Fair Poor ||
- ☐ | Front Porch | Good Fair Poor ||
- ☐ | Sidewalks | Good Fair Poor ||
- ☐ | Garage Floor | Good Fair Poor ||
- ☐ | House Siding | Good Fair Poor ||
- ☐ | Fence | Good Fair Poor ||
- ☐ | Patio/Deck | Good Fair Poor ||
- ☐ | 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

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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.