


Outgoing Inspection Report


Name: e
Surname: e
Address: d
Flat: d

Checklist	Condition	Notes	Images
Flat	Okay		
Floor	Good		
Door	Good		
Lights	Good		
Windows	Good		
Ceiling	Good		
Walls	Good		
Built in Cupboards	Defective	The hinge is loose, and I can only see 1 screw in the hinge	
Electricity box	Good		
Keys	Good		
Bedroom / living space	Okay		
Countertop	Good		
Bathroom	Okay		
Basin & taps	Good		

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Toilet	Good		
Shower	Defective	The tap is dripping even after I closed the tap	
Kitchen	Okay		
Sink & Taps	Good		
Countertop	Good		

Cleaned: Yes

We, the undersigned, acknowledge that we have jointly carried out the Outgoing Inspection and hereby declare the condition of the dwelling/property as above.

Tenant: _____

Landlord: _____

Date: _____

Date: _____

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