

Outgoing Inspection Report

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

Checklist	Condition	Notes
Flat	Okay	
Floor	Okay	
Door	Okay	
Lights	Okay	
Windows	Okay	
Ceiling	Okay	
Walls	Okay	
Built in Cupboards	Okay	
Electricity box	Okay	
Keys	Okay	
Lounge Space	Okay	
Countertop	Okay	
Bathroom	Okay	
Basin & taps	{{bason_tap s_status}}	Basin test
Toilet	Okay	
Shower	Okay	
Kitchen	Okay	
Sink & Taps	{{sink_statu s}}	{{sink_notes}}

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This inspection has been carried out by e e on 8/22/2023, 12:21:32 PM and has been signed digitally.



