

INSPECTION REPORT

Property Name: _____

Bldg. _____

Unit # _____

Date of Inspection: _____

_____ Move In

_____ Move Out

_____ Monthly / Quarterly

Resident Name: _____

	<u>Acceptable</u>		Repairs Needed		<u>Acceptable</u>		Repairs Needed
KITCHEN	Yes	No	(Comments)	BEDROOM NO. 2	Yes	No	(Comments)
Ceiling				Doors			
Doors				Walls			
Walls				Ceiling			
Floor				Floor			
Stove				Elec. Fixtures			
Refrigerator				Window			
Counters				BEDROOM NO. 3			
Sink				Doors			
Elec. Fixtures				Walls			
Cabinets				Ceiling			
Disposal				Floor			
Other				Elec. Fixtures			
BATHROOM NO. 1				Window			
Doors				BEDROOM NO. 4			
Walls				Doors			
Ceiling				Walls			
Floor				Ceiling			
Toilet				Floor			
Basin				Elec. Fixtures			
Tub or Shower				Window			
Elec. Fixtures				HEATING EQUIPMENT			
Window				HVAC			
Cabinets				Filter			
BATHROOM NO. 2				Thermostat			
Doors				Hot Water Heater			
Walls				MISCELLANEOUS			
Ceiling				Screens			
Floor				Drapes/Blinds			
Toilet				Porch			
Basin				Stairs			
Tub or Shower				Exterior Doors/Locks			
Elec. Fixtures				FIRE EXTINGUISHER			
Window				SMOKE ALARM			
Cabinets				YARDS			
LIVINGROOM & DINING AREA				Front			
Doors				Back			
Walls				Side			
Ceiling				LAUNDRY			
Floor				Connections			
Elec. Fixtures				Dryer Vent			

Window				Floor			
BEDROOM NO. 1				OTHER			
Doors							
Walls							
Ceiling							
Floor							
Elec. Fixtures							
Window							

Move In Inspection: "The unit is in decent, safe and sanitary condition"

Resident Not Present For Inspection

Resident Signature

Date

Management Representative

Date