

PROPERTY INSPECTION CHECKLIST

DATE & TIME OF INSPECTION:	
PERSON INSPECTING:	
EXPECTED DATE TO REINSPECT:	
TENANTS NAME:	
ADDRESS OF PROPERTY:	

Please delete/tick where necessary

FRONT GARDEN (condition)	Property has a front garden	Property does not have a front garden
Clear of Rubbish/Weeds/Overgrowth	Yes	No

If No, arrange free bulky waste collection with Council <http://www.newham.gov.uk/Pages/Services/Bulky-household-waste-collections.aspx>

<u>ENTRANCE</u>	Excellent	Good	Fair	Poor	None/N/A/Unable to see
Steps/Stairs (condition)					
Pathway (condition)					
Drains					
Roof Condition					
Front Gutters					
Front Brickwork					
Any structural movement, including indication of any subsidence and large cracks on internal/external walls?	Yes			No	

KITCHEN	Excellent	Good	Fair	Poor	None/N/A
Windows					
Wall condition					
Ceiling condition					
Ceiling clear of polystyrene coverings	Yes		No		
Units condition					
Number of base units:			Number of wall units:		
Worktop Condition:					
Sink					
Number of sockets:			Cooker Socket:	Yes	No
Cooker Chain:	Yes		No		
Extractor Fan:					
Washing Machine:					
Microwave:					
Tumble Dryer:					
Cooker/Oven:					
Fridge/Freezer:					
Door/Door Frame:					Does not have a kitchen door
Does the door close properly?	Yes		No		
Is the door a 1/2 hr fire door?	Yes		No		
Details of any defects/works to be carried out					

BATHROOM/WC	Excellent	Good	Fair	Poor	None/N/A
Windows					
Door/Door Frame:					
Does the door close properly?	Yes		No		Does not have a door
Wall condition:					
Wall tiles condition:					
Ceiling condition:					
Ceiling clear of polystyrene coverings	Yes		No		
Bath:					
Condition of sealant:					
Sink:					
Condition of sealant:					
Shower:					
Condition of sealant:					
Mixer Tap:					
Shower Attachments:					
Extractor Fan:					
Signs of condensation and mould?	Yes		No		
Water Pressure:					
Toilet Pan and system:					
Flooring:					
Details of any defects/works to be carried out					

<u>LIVING ROOM/LOUNGE</u>	Excellent	Good	Fair	Poor	None/N/A
Windows					
Curtains/Blinds					
Curtain track/blind fittings					
Carpets/Laminate					
Any major stains/burns/damage to flooring	Yes		No		
Wall condition:					
Any defect to walls?					
Number of sockets:			Number of light switches:		
Ceiling condition:					
Any defect to ceiling?					
Ceiling clear of polystyrene coverings	Yes		No		
Radiator (GCH):	Yes		No		
Wall mounted electric heater:	Yes		No		
Gas fire:	Yes		No		
Electric Fire:	Yes		No		
Door/Door frame:					
Door opens and closes properly?	Yes		No		Does not have a door
List of furniture:					
Details of any defects/works to be carried out					

<u>LIVING</u>	Excellent	Good	Fair	Poor	None/N/A
<u>ROOM/DINING</u>					
<u>ROOM</u>					
Windows					
Curtains/Blinds					
Curtain track/blind fittings					
Carpets/Laminate					
Any major stains/burns/damage to flooring	Yes		No		
Wall condition:					
Any defect to walls?					
Number of sockets:			Number of light switches:		
Ceiling condition:					
Any defect to ceiling?					
Ceiling clear of polystyrene coverings	Yes		No		
Radiator (GCH):	Yes		No		
Wall mounted electric heater:	Yes		No		
Gas fire:	Yes		No		
Electric Fire:	Yes		No		
Door/Door frame:					
Door opens and closes properly?	Yes		No		Does not have a door
List of furniture:					
Details of any defects/works to be carried out					

BEDROOM 1		Room Size:	Double	Single	Box Room
	Excellent	Good	Fair	Poor	None/N/A
Windows					
Curtains/Blinds					
Curtain track/blind fittings					
Carpets/Laminate					
Any major stains/burns/damage to flooring	Yes		No		
Wall condition:					
Details of any defect?					
Number of sockets:			Number of light switches:		
Ceiling condition:					
Details of any defect?					
Ceiling clear of polystyrene coverings	Yes		No		
Radiator (GCH):	Yes		No		
Wall mounted electric heater:	Yes		No		
Door/Door frame:					
Door opens and closes properly?	Yes		No		Does not have a door
List of furniture:					
Details of any defects/works to be carried out					

BEDROOM 2		Room Size:	Double	Single	Box Room
	Excellent	Good	Fair	Poor	None/N/A
Windows					
Curtains/Blinds					
Curtain track/blind fittings					
Carpets/Laminate					
Any major stains/burns/damage to flooring	Yes		No		
Wall condition:					
Details of any defect?					
Number of sockets:			Number of light switches:		
Ceiling condition:					
Details of any defect?					
Ceiling clear of polystyrene coverings	Yes		No		
Radiator (GCH):	Yes		No		
Wall mounted electric heater:	Yes		No		
Door/Door frame:					
Door opens and closes properly?	Yes		No		Does not have a door
List of furniture:					
Details of any defects/works to be carried out					

BEDROOM 3		Room Size:	Double	Single	Box Room
	Excellent	Good	Fair	Poor	None/N/A
Windows					
Curtains/Blinds					
Curtain track/blind fittings					
Carpets/Laminate					
Any major stains/burns/damage to flooring	Yes		No		
Wall condition:					
Details of any defect?					
Number of sockets:			Number of light switches:		
Ceiling condition:					
Details of any defect?					
Ceiling clear of polystyrene coverings	Yes		No		
Radiator (GCH):	Yes		No		
Wall mounted electric heater:	Yes		No		
Door/Door frame:					
Door opens and closes properly?	Yes		No		Does not have a door
List of furniture:					
Details of any defects/works to be carried out					

BEDROOM 4		Room Size:	Double	Single	Box Room		
	Excellent	Good	Fair	Poor	None/N/A		
Windows							
Curtains/Blinds							
Curtain track/blind fittings							
Carpets/Laminate							
Any major stains/burns/damage to flooring	Yes		No				
Wall condition:							
Details of any defect?							
Number of sockets:			Number of light switches:				
Ceiling condition:							
Details of any defect?							
Ceiling clear of polystyrene coverings	Yes		No				
Radiator (GCH):	Yes		No				
Wall mounted electric heater:	Yes		No				
Door/Door frame:							
Door opens and closes properly?	Yes		No	Does not have a door			
List of furniture:							
Details of any defects/works to be carried out							

BEDROOM 5		Room Size:	Double	Single	Box Room
	Excellent	Good	Fair	Poor	None/N/A
Windows					
Curtains/Blinds					
Curtain track/blind fittings					
Carpets/Laminate					
Any major stains/burns/damage to flooring	Yes		No		
Wall condition:					
Details of any defect?					
Number of sockets:			Number of light switches:		
Ceiling condition:					
Details of any defect?					
Ceiling clear of polystyrene coverings	Yes		No		
Radiator (GCH):	Yes		No		
Wall mounted electric heater:	Yes		No		
Door/Door frame:					
Door opens and closes properly?	Yes		No		Does not have a door
List of furniture:					
Details of any defects/works to be carried out					

Hallway	Excellent	Good	Fair	Poor	None/N/A
Windows					
Carpets/Laminate					
Any major stains/burns/damage to flooring	Yes		No		
Wall condition:					
Details of any defect?					
Number of sockets:			Number of light switches:		
Ceiling condition:					
Details of any defect?					
Ceiling clear of polystyrene coverings	Yes		No		
Radiator (GCH):	Yes		No		
Wall mounted electric heater:	Yes		No		
Front Door/Door frame:					
Door opens and closes properly?	Yes	No	Does not have a door		
Staircase condition:					
Handrail					
Details of any defects/works to be carried out					

Smoke detectors	Location	Battery Operated (Y/N)	Date tested:	Working (Y/N)
SD1				
SD2				
SD3				
SD4				
SD5				

	Location	None/N/A
Gas Meter:		
Electric Meter:		
Fuse Box:		
Stopcocks:		

Rear Gardens	Excellent	Good	Fair	Poor	None/N/A
Garden Condition:					
Clear of rubbish/weeds/overgrowth?	Yes		No		
Fences:					
Sheds:					
Clear of goods/rubbish?	Yes		No		
Steps/stair condition:					
Pathway condition:					
Drains:					
Gutters:					
Details of any defects/works to be carried out					

(Any further notes regarding required works or photos can be continued on a new sheet)