

INSPECTION CHECKLIST

Inspection by: _____ Date: _____

Witnessed by: _____ Date: _____

Witnessed by: _____ Date: _____

FOR THE PROPERTY LOCATED AT: _____

ITEM #	1. LIVING ROOM	Pass / YES	Pass / NO	COMMENTS
1.1	Living room present			
1.2	Electricity			
1.3	Electrical hazards			
1.4	Security			
1.5	Window covering			
1.6	Window condition			
1.7	Screens			
1.8	Ceiling condition			
1.9	Wall condition			
1.10	Floor condition			
1.11	Lead paint			_____ Not applicable
1.12	Smoke detector			
1.13	Other			
Item #	2. KITCHEN	Pass / YES	Pass / NO	COMMENTS
2.1	Kitchen area present			
2.2	Electricity			
2.3	Electrical hazards			
2.4	Security			
2.5	Window covering			
2.6	Window condition			
2.7	Screens			
2.8	Ceiling condition			
2.9	Wall condition			
2.10	Floor condition			
2.11	Lead paint			_____ Not applicable
2.12	Stove or range with oven			
2.13	Microwave			_____ Not applicable
2.14	Refrigerator			
2.15	Sink			
2.16	Garbage disposal			_____ Not applicable
2.17	Dishwasher			_____ Not applicable
2.18	Counter tops			
2.19	Other			
Item #	3. BATHROOM	Pass / YES	Pass / NO	COMMENTS
3.1	Bathroom present			
3.2	Electricity			
3.3	Electrical hazards			
3.4	Security			
3.5	Window condition			
3.6	Screens			
3.7	Ceiling condition			

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3.8	Wall condition			
3.9	Floor condition			
3.10	Lead paint			_____Not applicable
3.11	Flush toilet			
3.12	Wash basin and stopper			
3.13	Tub or shower			
3.14	Ventilation			
3.15	Other			
Item #	4. BEDROOM (#1)	Pass / YES	Pass / NO	COMMENTS
4.1	Electricity			
4.2	Electrical hazards			
4.3	Security			
4.4	Window covering			
4.5	Window condition			
4.6	Screens			
4.7	Ceiling condition			
4.8	Wall condition			
4.9	Floor condition			
4.10	Lead paint			_____Not applicable
4.11	Smoke detector			
4.12	Lighting/illumination			
4.13	Other			
Item #	5. BEDROOM (#2)	Pass / YES	Pass / NO	COMMENTS
5.1	Electricity			
5.2	Electrical hazards			
5.3	Security			
5.4	Window covering			
5.5	Window condition			
5.6	Screens			
5.7	Ceiling condition			
5.8	Wall condition			
5.9	Floor condition			
5.10	Lead paint			_____Not applicable
5.11	Smoke detector			
5.12	Lighting/illumination			
5.13	Other			
Item #	6. BEDROOM (#3)	Pass / YES	Pass / NO	COMMENTS
6.1	Electricity			
6.2	Electrical hazards			
6.3	Security			
6.4	Window covering			
6.5	Window condition			
6.6	Screens			
6.7	Ceiling condition			
6.8	Wall condition			
6.9	Floor condition			
6.10	Lead paint			_____Not applicable
6.11	Smoke detector			
6.12	Lighting/illumination			
6.13	Other			

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Item #	7. HALLWAY / STAIRWAY	Pass / YES	Pass / NO	COMMENTS
7.1	Electricity			
7.2	Electrical hazards			
7.3	Security			
7.4	Window covering			
7.5	Window condition			
7.6	Screens			
7.7	Ceiling condition			
7.8	Wall condition			
7.9	Floor condition			
7.10	Lead paint			_____ Not applicable
7.11	Smoke detector			
7.12	Lighting/illumination			
7.13	Other			
Item #	8. BUILDING EXTERIOR	Pass / YES	Pass / NO	COMMENTS
8.1	Foundation			
8.2	Stairs, rails, porches			
8.3	Roof / gutters			
8.4	Chimney / fireplace			
8.5	Lead paint / exterior			
Item #	9. HEATING & PLUMBING	Pass / YES	Pass / NO	COMMENTS
9.1	Adequacy of heating system (type)			
9.2	Furnace filter			
9.3	Ventilation / cooling			
9.4	Water heater (size, age)			
9.5	Water supply & pressure			
9.6	Plumbing			
9.7	Sewer connection			
9.8	Well / septic system			
9.9	Other			