FULL INSPECTION

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are scheduled to do our semi-annual inspection of your premises on the following date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We will be inspecting the following areas and items to see if they are in the same clean satisfactory condition as when you moved in. We again thank you for your cooperation.

 Satisfactory Satisfactory

 YES NO YES NO

Entrance Door Bedroom #1

 Knocker/Bell \_\_\_\_\_ \_\_\_\_\_ Ceiling \_\_\_\_\_ \_\_\_\_\_

 Peephole \_\_\_\_\_ \_\_\_\_\_ Walls \_\_\_\_\_ \_\_\_\_\_

 Deadbolt Lock \_\_\_\_\_ \_\_\_\_\_ Floors \_\_\_\_\_ \_\_\_\_\_

Living Room Windows \_\_\_\_\_ \_\_\_\_\_
 Ceiling \_\_\_\_\_ \_\_\_\_\_ Screens \_\_\_\_\_ \_\_\_\_\_

 Walls \_\_\_\_\_ \_\_\_\_\_ Elec. Fixtures \_\_\_\_\_ \_\_\_\_\_

 Floors \_\_\_\_\_ \_\_\_\_\_ Bedroom #2

 Windows \_\_\_\_\_ \_\_\_\_\_ Ceiling \_\_\_\_\_ \_\_\_\_\_

 Screens \_\_\_\_\_ \_\_\_\_\_ Walls \_\_\_\_\_ \_\_\_\_\_
 Elec. Fixtures \_\_\_\_\_ \_\_\_\_\_ Floors \_\_\_\_\_ \_\_\_\_\_

Dining Room or Extra Bedroom #3 Windows \_\_\_\_\_ \_\_\_\_\_

 Ceiling \_\_\_\_\_ \_\_\_\_\_ Screens \_\_\_\_\_ \_\_\_\_\_

 Walls \_\_\_\_\_ \_\_\_\_\_ Elec. Fixtures \_\_\_\_\_ \_\_\_\_\_

 Floors \_\_\_\_\_ \_\_\_\_\_ Bathroom

 Windows \_\_\_\_\_ \_\_\_\_\_ Ceiling \_\_\_\_\_ \_\_\_\_\_

 Screens \_\_\_\_\_ \_\_\_\_\_ Walls \_\_\_\_\_ \_\_\_\_\_

 Elec. Fixtures \_\_\_\_\_ \_\_\_\_\_ Floors \_\_\_\_\_ \_\_\_\_\_

Kitchen Windows \_\_\_\_\_ \_\_\_\_\_

 Stove \_\_\_\_\_ \_\_\_\_\_ Screens \_\_\_\_\_ \_\_\_\_\_

 Refrigerator \_\_\_\_\_ \_\_\_\_\_ Elec. Fixtures \_\_\_\_\_ \_\_\_\_\_

 Cabinets \_\_\_\_\_ \_\_\_\_\_ Medicine Cabinet \_\_\_\_\_ \_\_\_\_\_

 Sink \_\_\_\_\_ \_\_\_\_\_ Mirror \_\_\_\_\_ \_\_\_\_\_

 Counter tops \_\_\_\_\_ \_\_\_\_\_ Tub \_\_\_\_\_ \_\_\_\_\_

 Ceiling \_\_\_\_\_ \_\_\_\_\_ Sink \_\_\_\_\_ \_\_\_\_\_

 Walls \_\_\_\_\_ \_\_\_\_\_ Shower \_\_\_\_\_ \_\_\_\_\_

 Floors \_\_\_\_\_ \_\_\_\_\_ General

 Windows \_\_\_\_\_ \_\_\_\_\_ Porch/Balcony \_\_\_\_\_ \_\_\_\_\_

 Screens \_\_\_\_\_ \_\_\_\_\_ Heating System \_\_\_\_\_ \_\_\_\_\_

 Elec. Fixtures \_\_\_\_\_ \_\_\_\_\_ Water Heater \_\_\_\_\_ \_\_\_\_\_

General Front Yard \_\_\_\_\_ \_\_\_\_\_

 Back Door \_\_\_\_\_ \_\_\_\_\_ Back Yard \_\_\_\_\_ \_\_\_\_\_

 Mail Box \_\_\_\_\_ \_\_\_\_\_ Garage/Driveway \_\_\_\_\_ \_\_\_\_\_

Special Remarks (Cleaning or Repairs needed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident has been given a copy of this report and can give any explanation if he or she so desires on the back of this form. Tenant will be held responsible for any detriment or damage to the property reported that was not present at original move-in date.

Owner/Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_