Residential Property Inspection Checklist

Property Address: [   ]

Date of Inspection: [   ]

Inspector Name: [   ]

Owner/Tenant Name: [   ]

General Areas

Item	Good	Fair	Poor	Notes
Walls & Ceilings	☐	☐	☐	[ ]
Floors	☐	☐	☐	[ ]
Doors & Locks	☐	☐	☐	[ ]
Windows & Screens	☐	☐	☐	[ ]
Lighting Fixtures	☐	☐	☐	[ ]

Kitchen

Item	Good	Fair	Poor	Notes
Sink & Plumbing	☐	☐	☐	[ ]
Cabinets & Drawers	☐	☐	☐	[ ]
Countertops	☐	☐	☐	[ ]
Appliances	☐	☐	☐	[ ]

Bathroom

Item	Good	Fair	Poor	Notes
Toilet	☐	☐	☐	[ ]
Sink	☐	☐	☐	[ ]
Shower/Bath	☐	☐	☐	[ ]
Plumbing / Faucets	☐	☐	☐	[ ]
Ventilation	☐	☐	☐	[ ]

Exterior

Item	Good	Fair	Poor	Notes
Roof & Gutters	☐	☐	☐	
Walls & Paint	☐	☐	☐	
Windows & Screens	☐	☐	☐	
Driveway/Walkways	☐	☐	☐	
Fencing/Yard	☐	☐	☐	

Comments / Additional Notes

Signatures

_____

Inspector Signature

_____

Date

_____

Owner/Tenant Signature

_____

Date