

Property Hand-Over Inspection Checklist

Property Details

Property Address	
Unit/Flat No.	
Owner Name	
Tenant Name	
Date of Inspection	

Inspection Checklist

Area/Room	Item/Feature	Condition (âœ”/âœ—)	Comments
Living Room	Walls/Paint		
Living Room	Flooring		
Kitchen	Cabinets		
Kitchen	Sink/Tap		
Bathroom	Sanitaryware		
Bathroom	Shower/Tap		
Bedroom	Door/Lock		
General	Windows/Glass		
General	Electrical Outlets		

Other Remarks

Meter Readings

Electricity Meter		Water Meter	
Gas Meter		Other	

Signatures

Inspector's Name

Signature

Date

Owner/Tenant Name

Signature

Date
