

Unit Inspection Checklist

General condition of rental units

_____ **Mold**

_____ **Plastic Supply Lines**

Tenant Name(s) _____ Unit Number _____ Date _____

**Condition:
(circle)**

**Condition:
(circle)**

Kitchen

Floors/floor covering	E	G	F	P	N/A
Walls & ceiling	E	G	F	P	N/A
Windows/locks/screens	E	G	F	P	N/A
Window coverings/cords secure	E	G	F	P	N/A
Doors/knobs	E	G	F	P	N/A
Light fixtures/bulbs	E	G	F	P	N/A
Cabinets/cupboards	E	G	F	P	N/A
Drawers/countertops	E	G	F	P	N/A
Shelves/drawers	E	G	F	P	N/A
Sinks/stoppers/faucets	E	G	F	P	N/A
Drains/plumbing	E	G	F	P	N/A
Other _____	E	G	F	P	N/A

Dishwasher

Outside	E	G	F	P	N/A
Rack	E	G	F	P	N/A
Other _____	E	G	F	P	N/A

Appliances

Gas range/stove/oven

Outside	E	G	F	P	N/A
Burners	E	G	F	P	N/A
Drip pans	E	G	F	P	N/A
Hood vent/microwave	E	G	F	P	N/A
Timer/controls	E	G	F	P	N/A
Broiler pan	E	G	F	P	N/A
Light	E	G	F	P	N/A
Anti-tip bracket installed correctly	Yes	No	(If No, schedule correction)		

Refrigerator (Size _____)

Outside	E	G	F	P	N/A
Inside	E	G	F	P	N/A
Ice trays	E	G	F	P	N/A
Other _____	E	G	F	P	N/A

Garbage disposal

Angle stops/supply lines	E	G	F	P	N/A
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General comments, including specific notes for all health & safety issues: _____

Living Room

Floors/floor covering	E	G	F	P	N/A
Walls & ceiling	E	G	F	P	N/A
Windows/locks/screens	E	G	F	P	N/A
Window coverings/cords secure	E	G	F	P	N/A
Doors/locks	E	G	F	P	N/A
Light fixtures/bulbs	E	G	F	P	N/A
Closet/shelves	E	G	F	P	N/A
Fireplace	E	G	F	P	N/A

Dining room

Floors/floor covering	E	G	F	P	N/A
Walls & ceiling	E	G	F	P	N/A
Windows/locks/screens	E	G	F	P	N/A
Window coverings/cords secure	E	G	F	P	N/A
Doors/locks	E	G	F	P	N/A
Ceiling fans/bulbs	E	G	F	P	N/A
Closet/shelves	E	G	F	P	N/A
Other _____	E	G	F	P	N/A

General comments, including specific notes for all health & safety issues: _____

Hall

Floors/floor covering	E	G	F	P	N/A
Walls & ceiling	E	G	F	P	N/A
Windows/locks/screens	E	G	F	P	N/A
Window coverings/cords secure	E	G	F	P	N/A
Doors/knobs/locks	E	G	F	P	N/A
Light fixtures/bulbs	E	G	F	P	N/A
Closet/shelves	E	G	F	P	N/A
Doorbell	E	G	F	P	N/A

Bedroom 1 (smallest)

Floors/floor covering	E	G	F	P	N/A
Walls & ceiling	E	G	F	P	N/A
Windows/locks/screens	E	G	F	P	N/A
Window coverings/cords secure	E	G	F	P	N/A
Doors/knobs/locks	E	G	F	P	N/A
Light fixtures/bulbs	E	G	F	P	N/A
Closet/shelves	E	G	F	P	N/A
Other _____	E	G	F	P	N/A

Guest or 2nd Bedroom

Floors/floor covering	E	G	F	P	N/A
Walls & ceiling	E	G	F	P	N/A
Windows/locks/screens	E	G	F	P	N/A
Window coverings/cords secure	E	G	F	P	N/A
Doors/knobs/locks	E	G	F	P	N/A
Closets/shelves	E	G	F	P	N/A
Light fixtures/bulbs	E	G	F	P	N/A
Other _____	E	G	F	P	N/A

Master Bedroom

Floors/floor covering	E	G	F	P	N/A
Walls & ceiling	E	G	F	P	N/A
Windows/locks/screens	E	G	F	P	N/A
Window coverings/cords secure	E	G	F	P	N/A
Doors/knobs/locks	E	G	F	P	N/A
Closets/shelves	E	G	F	P	N/A
Light fixtures/bulbs	E	G	F	P	N/A
Other _____	E	G	F	P	N/A

General comments, including specific notes for all health & safety issues: _____

Unit Inspection Checklist (Side 2)

General condition of rental units

Condition:
(Circle)

Condition:
(Circle)

Master Bath

Floors/floor covering	E	G	F	P	N/A
Walls/tile/grout/ceiling	E	G	F	P	N/A
Windows/locks/screens	E	G	F	P	N/A
Window coverings/cords secure	E	G	F	P	N/A
Doors/knobs/locks	E	G	F	P	N/A
Light fixtures/bulbs	E	G	F	P	N/A
Exhaust fan/heater	E	G	F	P	N/A
Counters/shelves	E	G	F	P	N/A
Mirrors/cabinets	E	G	F	P	N/A
Sink/basin/faucets	E	G	F	P	N/A
Angle stops/supply lines	E	G	F	P	N/A
Drains/plumbing	E	G	F	P	N/A
Tub/Shower/caulking	E	G	F	P	N/A
Shower head/tub faucet	E	G	F	P	N/A
Shower door/curtains	E	G	F	P	N/A
Shower tracks	E	G	F	P	N/A
Towel racks	E	G	F	P	N/A
Toilet bowl/seat	E	G	F	P	N/A
Toilet paper holder	E	G	F	P	N/A
Other _____	E	G	F	P	N/A

Bathroom 2

Floors/floor covering	E	G	F	P	N/A
Walls/tile/grout/ceiling	E	G	F	P	N/A
Windows/locks/screens	E	G	F	P	N/A
Window coverings/cords secure	E	G	F	P	N/A
Doors/knobs/locks	E	G	F	P	N/A
Light fixtures/bulbs	E	G	F	P	N/A
Exhaust fan/heater	E	G	F	P	N/A
Counters/shelves	E	G	F	P	N/A
Mirrors/cabinets	E	G	F	P	N/A
Sink/basin/faucets	E	G	F	P	N/A
Angle stops/supply lines	E	G	F	P	N/A
Drains/plumbing	E	G	F	P	N/A
Tub/Shower/caulking	E	G	F	P	N/A
Shower head/tub faucet	E	G	F	P	N/A
Shower door/curtains	E	G	F	P	N/A
Shower tracks	E	G	F	P	N/A
Towel racks	E	G	F	P	N/A
Toilet bowl/seat	E	G	F	P	N/A
Toilet paper holder	E	G	F	P	N/A
Other _____	E	G	F	P	N/A

General comments, including specific notes for all health & safety issues: _____

Other items

Gas hot water heater	E	G	F	P	N/A
Heating/thermostat	E	G	F	P	N/A
Heat pump; A/C	E	G	F	P	N/A
A/C filters & vents	E	G	F	P	N/A
Cable TV/Antenna	E	G	F	P	N/A
Electrical system	E	G	F	P	N/A
Telephone	E	G	F	P	N/A
Other _____	E	G	F	P	N/A

Smoke/ Carbon Monoxide Detectors Date, if replaced

Hallway	OK	Inoperative	_____
1st Bedroom	OK	Inoperative	_____
Guest or 2nd bedroom	OK	Inoperative	_____
Master Bedroom	OK	Inoperative	_____

Laundry equipment

Washer	E	G	F	P	N/A
Gas dryer	E	G	F	P	N/A

General comments, including specific notes for all health & safety issues: _____

Moisture intrusion/mold/mildew (record location and detailed description, including possible source)

Tenant Profile

Health/Safety/Housekeeping issues: Y N Describe: _____

Other potential lease violations: Y N Describe: _____

Pet? Y N **Type** _____ **Problems:** _____

Additional items/comments