

# Unit Inspection Report

Date: \_\_\_\_\_

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

Unit #: \_\_\_\_\_

Unit Size: \_\_\_\_\_

## Living Room:

Floor/Carpet/Floor Covering: \_\_\_\_\_

Walls/Ceiling/Baseboards/Molding: \_\_\_\_\_

Doors: \_\_\_\_\_

Door Locks/Hardware: \_\_\_\_\_

Lighting Fixtures: \_\_\_\_\_

Windows/Tracks/Screens: \_\_\_\_\_

Window Coverings: \_\_\_\_\_

Switches/Sockets: \_\_\_\_\_

Fireplace: \_\_\_\_\_

Other: \_\_\_\_\_

## Kitchen:

Floor & Floor Coverings: \_\_\_\_\_

Walls/Ceiling/Baseboards/Molding: \_\_\_\_\_

Doors: \_\_\_\_\_

Door Locks & Hardware: \_\_\_\_\_

Windows/Tracks/Screens: \_\_\_\_\_

Window Coverings: \_\_\_\_\_

Light Fixtures: \_\_\_\_\_

Switches/Sockets: \_\_\_\_\_

Cabinets/Drawers/Shelves: \_\_\_\_\_

Counter Top/Surface: \_\_\_\_\_

Stove/Oven/ Drip Pans/Range Hood/Fan/Bulb/Racks/Broiler/Burners: \_\_\_\_\_

Refrigerator/ Freezer/ Racks/Drawers/Bulbs: \_\_\_\_\_

Dishwasher/ Racks: \_\_\_\_\_

Sink/Faucet/Plumbing: \_\_\_\_\_

Garbage Disposal: \_\_\_\_\_

Other: \_\_\_\_\_



**Dining Room:**

Flooring/Carpets: \_\_\_\_\_  
Walls/Baseboards/Ceiling: \_\_\_\_\_  
Cabinets/Shelves/Counters: \_\_\_\_\_  
Drawers/Doors: \_\_\_\_\_  
Light Fixtures/Bulbs/Switches/sockets: \_\_\_\_\_  
Windows/Tracks/Screens: \_\_\_\_\_  
Windows Coverings: \_\_\_\_\_  
Other: \_\_\_\_\_

**Bathroom (1)**

Flooring/Carpets: \_\_\_\_\_  
Walls/Ceiling/Baseboards/Moldings: \_\_\_\_\_  
Cabinets/Shelves/Counters: \_\_\_\_\_  
Mirror/Medicine Cabinets: \_\_\_\_\_  
Drawers/Doors: \_\_\_\_\_  
Light Fixtures/Bulbs/Switches/sockets: \_\_\_\_\_  
Window/Screens/Coverings: \_\_\_\_\_  
Toilet/Tissue Holder: \_\_\_\_\_  
Sink/Faucet/Plumbing: \_\_\_\_\_  
Bathtub/Shower: \_\_\_\_\_  
Towel Racks: \_\_\_\_\_  
Doors: \_\_\_\_\_  
Door Locks/Hardware: \_\_\_\_\_  
Water (Hot & Cold) Pressure: \_\_\_\_\_  
Other: \_\_\_\_\_

**Bathroom (2)**

Flooring/Carpets: \_\_\_\_\_  
Walls/Ceiling/Baseboards/Moldings: \_\_\_\_\_  
Cabinets/Shelves/Counters: \_\_\_\_\_  
Mirror/Medicine Cabinets: \_\_\_\_\_  
Drawers/Doors: \_\_\_\_\_  
Light Fixtures/Bulbs/Switches/sockets: \_\_\_\_\_  
Window/Screens/Coverings: \_\_\_\_\_  
Toilet/Tissue Holder: \_\_\_\_\_  
Sink/Faucet/Plumbing: \_\_\_\_\_  
Bathtub/Shower: \_\_\_\_\_  
Towel Racks: \_\_\_\_\_  
Doors: \_\_\_\_\_  
Door Locks/Hardware: \_\_\_\_\_  
Water (Hot & Cold) Pressure: \_\_\_\_\_  
Other: \_\_\_\_\_



**Bedroom (1)**

Flooring/Carpets: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Baseboards: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Cabinets/Shelves/Counters: \_\_\_\_\_  
Light Fixtures/Bulbs/Switches/Sockets: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Window/Tracks/Screens: \_\_\_\_\_  
Doors/Door Tracks: \_\_\_\_\_  
Closets/Mirror Closets: \_\_\_\_\_  
Other: \_\_\_\_\_

**Bedroom (2)**

Flooring/Carpets: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Baseboards: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Cabinets/Shelves/Counters: \_\_\_\_\_  
Light Fixtures/Bulbs/Switches/Sockets: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Window/Tracks/Screens: \_\_\_\_\_  
Doors/Door Tracks: \_\_\_\_\_  
Closets/Mirror Closets: \_\_\_\_\_  
Other: \_\_\_\_\_

**Bedroom (3)**

Flooring/Carpets: \_\_\_\_\_  
Walls: \_\_\_\_\_  
Baseboards: \_\_\_\_\_  
Ceiling: \_\_\_\_\_  
Cabinets/Shelves/Counters: \_\_\_\_\_  
Light Fixtures/Bulbs/Switches/Sockets: \_\_\_\_\_  
Window Coverings: \_\_\_\_\_  
Window/Tracks/Screens: \_\_\_\_\_  
Doors/Door Tracks: \_\_\_\_\_  
Closets/Mirror Closets: \_\_\_\_\_  
Other: \_\_\_\_\_



**Miscellaneous:**

Heater/Hot Water Heater: \_\_\_\_\_  
Air Conditioner: \_\_\_\_\_  
Electrical/Gas/Plumbing: \_\_\_\_\_  
Smoke Detectors: \_\_\_\_\_  
Carbon Monoxide Alarms: \_\_\_\_\_  
Doorbell/Knocker: \_\_\_\_\_  
Weather Stripping: \_\_\_\_\_  
Hallways: \_\_\_\_\_  
Other: \_\_\_\_\_

**Exterior:**

Driveway/Stains: \_\_\_\_\_  
Screens/Storm Door: \_\_\_\_\_  
Front Door/Back Door: \_\_\_\_\_  
Light Fixtures/Bulbs: \_\_\_\_\_  
Mailbox: \_\_\_\_\_  
Yard/Patio/Deck: \_\_\_\_\_  
External Doors & Locks: \_\_\_\_\_  
Outside Lights: \_\_\_\_\_  
Parking Area(s): \_\_\_\_\_  
Garage: \_\_\_\_\_  
Laundry Room: \_\_\_\_\_  
Stairs: \_\_\_\_\_  
Railings: \_\_\_\_\_  
Security Gates: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_

**Notes:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Inspected By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

