

# Periodic Inspection Checklist

Property Address: \_\_\_\_\_ Unit: \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Performed by: \_\_\_\_\_

Notes: Select from drop-down for condition and note any issues. Detail each issue, taking accompanying photographs.

## GENERAL

	Good	Notes
Lease violations		
Pet issues		
Occupancy as specified		
Vehicles on premises		

## ENTRYWAY/FRONT PORCH

	Good	Notes
Railing/Steps		
Door		
Locks		
Front Windows/Locks		

## LIVING ROOM

	Good	Notes
Flooring		
Walls		
Ceiling		
Light Fixtures		
Windows/locks		
Smoke Detector/Carbon Monoxide		
AC/Heating Units		
Outlets		

## BEDROOM(1)

	Good	Notes
Flooring		
Walls		
Ceiling		
Light Fixtures		
Windows/locks		
Outlets		

## BEDROOM(2)

	Good	Notes
Flooring		
Walls		
Ceiling		

Light Fixtures		
Windows/locks		
Outlets		

### BEDROOM(3)

	Good	Notes
Flooring		
Walls		
Ceiling		
Light Fixtures		
Windows/locks		
Outlets		

### BEDROOM(4)

	Good	Notes
Flooring		
Walls		
Ceiling		
Light Fixtures		
Windows/locks		
Outlets		

### UTILITY

	Good	Notes
HVAC system		
Air Filters (replace?)		
Water Heater (leaks?)		

### BATHROOM(1)

	Good	Notes
Flooring		
Walls		
Ceiling		
Light Fixtures		
Windows/locks		
Faucet/sink		
Toilet		
Plumbing		
Outlets		
Exhaust fan		

### BATHROOM(2)

	Good	Notes
Flooring		
Walls		
Ceiling		
Light Fixtures		

Windows/locks		
Faucet/sink		
Toilet		
Plumbing		
Outlets		
Exhaust fan		

## KITCHEN

	Good	Notes
Flooring		
Walls		
Ceiling		
Light Fixtures		
Windows/locks		
Smoke Detector/Carbon Monoxide		
Cabinets		
Hardware		
Stove/Oven		
Refrigerator		
Dishwasher		
Faucet/sink		
Outlets		
Pest Control/Rodents		

## OTHER (living room,dining room, etc.)

	Good	Notes

## EXTERIOR/YARD

	Good	Notes
Gutters/downspouts (clean?)		
Trees (trim and remove branches?)		
Yard (mowed?)		
Roof (clear? leaks?)		
Foundation (cracks?)		
Driveway/walkway (clear?)		
AC/Heating Units		
Outlets		

Any return visit needed for follow-up issues? ☐ No ☐ Yes

Explain: