

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: