

Rental Unit Inspection Checklist

Inspector: _____ Date: _____

Address: _____

Inspection Item NA NOD OD Comments:

Patio/Porch/Balcony	Roof			
	Chimney			
	Gutters			
	Foundation			
Entry Doors-Living/Dining Room	Stairs/Hand Rails			
	Ceiling/Soffit			
	Lighting			
	Outlets/Switches			
Kitchen	Floors			
	Walls			
	Windows			
	Electrical Outlets			
	Lighting			
Stairs	Floors			
	Walls			
	Windows			
	Plumbing			
	Electrical Outlets			
	Lighting			
	Counter Top			
Bathroom(s) (1, 2)	Cabinets			
	Handrail			
	Steps			
	Walls			
	Ceiling			
Bedroom(s) (1, 2, 3)	Smoke Detector			
	Lighting			
	GFI'S			
	Lavatory Sink			
	Plumbing			
	Faucets			
	Tub/Shower			
	Ventilation			
	Water Closet			
	Floors			
	Walls			
	Ceilings			
	Door			
Hot Water Heater Electrical Panel HVAC Infestation Garbage / Rubbish	Windows			
	Lighting			
	Electrical Outlets			

Property Owner Signature: _____ Date: _____

Tenant Signature _____ Date: _____

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