

# FULL INSPECTION REPORT

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

We are scheduled to do our semiannual home inspection of your premises on the following date: \_\_\_\_\_  
 \_\_\_\_\_. We will be inspecting the following areas and items to see if they are in the same clean  
 satisfactory condition as when you moved in. We again thank you for your cooperation.

	Satisfactory			Satisfactory	
	Yes	No		Yes	No
<i>Entrance Door</i>					
Knocker/bell	_____	_____		_____	_____
Peephole	_____	_____		_____	_____
Deadbolt lock	_____	_____		_____	_____
<i>Living Room</i>					
Ceiling	_____	_____		_____	_____
Walls	_____	_____		_____	_____
Floors	_____	_____		_____	_____
Windows	_____	_____		_____	_____
Screen	_____	_____		_____	_____
Elec. Fixtures	_____	_____		_____	_____
<i>Dining Room or Bedroom #3</i>					
Ceiling	_____	_____		_____	_____
Walls	_____	_____		_____	_____
Floors	_____	_____		_____	_____
Windows	_____	_____		_____	_____
Screen	_____	_____		_____	_____
Elec. Fixtures	_____	_____		_____	_____
<i>Kitchen</i>					
Stove	_____	_____		_____	_____
Refrigerator	_____	_____		_____	_____
Sink	_____	_____		_____	_____
Cabinets	_____	_____		_____	_____
Countertops	_____	_____		_____	_____
Ceiling	_____	_____		_____	_____
Walls	_____	_____		_____	_____
Floors	_____	_____		_____	_____
Windows	_____	_____		_____	_____
Screen	_____	_____		_____	_____
Elec. Fixtures	_____	_____		_____	_____
<i>General</i>					
Back door	_____	_____		_____	_____
Mail box	_____	_____		_____	_____
<i>Bedroom #1</i>					
Ceiling	_____	_____		_____	_____
Walls	_____	_____		_____	_____
Floors	_____	_____		_____	_____
Windows	_____	_____		_____	_____
Screen	_____	_____		_____	_____
Elec. Fixtures	_____	_____		_____	_____
<i>Bedroom #2</i>					
Ceiling	_____	_____		_____	_____
Walls	_____	_____		_____	_____
Floors	_____	_____		_____	_____
Window	_____	_____		_____	_____
Screen	_____	_____		_____	_____
Elec. Fixtures	_____	_____		_____	_____
<i>Bathroom</i>					
Ceiling	_____	_____		_____	_____
Walls	_____	_____		_____	_____
Floors	_____	_____		_____	_____
Windows	_____	_____		_____	_____
Screen	_____	_____		_____	_____
Elec. fixtures	_____	_____		_____	_____
Medicine cabinet	_____	_____		_____	_____
Mirror	_____	_____		_____	_____
Tub	_____	_____		_____	_____
Sink	_____	_____		_____	_____
Shower	_____	_____		_____	_____
<i>General</i>					
Porch/balcony	_____	_____		_____	_____
Heating system	_____	_____		_____	_____
Water heater	_____	_____		_____	_____
Front yard	_____	_____		_____	_____
Back yard	_____	_____		_____	_____
Garage/driveway	_____	_____		_____	_____

Special Remarks (cleaning or repairs needed): \_\_\_\_\_

Resident has been given a copy of this report and can provide any explanation if he or she so desires on the back of this form. Tenant will be held responsible for any detriment or damage to the property reported that was not present at original move-in date.

Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_