

Co-Working Space Lease Termination Inspection

Tenant & Space Information

Tenant Name

Company Name

Space/Office Number

Date of Inspection

Move-Out Date

Inspector Name

Inspection Checklist

Area / Item	Condition (Satisfactory/Needs Repair)	Comments
Desks/Workstations	<input type="text"/>	<input type="text"/>
Chairs	<input type="text"/>	<input type="text"/>
Walls	<input type="text"/>	<input type="text"/>
Flooring/Carpet	<input type="text"/>	<input type="text"/>
Lighting	<input type="text"/>	<input type="text"/>
Windows & Blinds	<input type="text"/>	<input type="text"/>

Electrical Outlets	<div></div>	<div></div>
Internet/Phone Equipment	<div></div>	<div></div>
Keys/Access Cards Returned	<div></div>	<div></div>
Other	<div></div>	<div></div>

Damage or Issues Noted

Additional Notes

Tenant Signature

Date

Inspector Signature

Date