

Commercial Office Space Inspection Checklist

Date:
Inspector:
Location / Address:
Tenant / Occupant:

EXTERIOR

Item	OK	N/A	Remarks
Building entrance condition	<input type="checkbox"/>	<input type="checkbox"/>	
Parking lot / Walkways	<input type="checkbox"/>	<input type="checkbox"/>	
Signage	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	

INTERIOR

Item	OK	N/A	Remarks
Reception area	<input type="checkbox"/>	<input type="checkbox"/>	
Office floors/walls/ceilings	<input type="checkbox"/>	<input type="checkbox"/>	
Workstations/cubicles	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting fixtures	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation/air conditioning	<input type="checkbox"/>	<input type="checkbox"/>	
Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	
Common areas/corridors	<input type="checkbox"/>	<input type="checkbox"/>	

SAFETY & COMPLIANCE

Item	OK	N/A	Remarks
Fire exits and signage	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detectors/alarms	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting	<input type="checkbox"/>	<input type="checkbox"/>	

First aid kit



OTHER OBSERVATIONS

Inspector Signature:

Date: