

Vacation Rental Turnover Inspection Form

Property Information

Property Name/ID

Address

Date

Inspector Name

General Condition

Area	Clean	Damage	Notes
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bedroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bathroom(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Supplies Restocked

Item	Restocked	Notes
Toilet Paper	<input type="checkbox"/>	<input type="text"/>
Soap/Shampoo	<input type="checkbox"/>	<input type="text"/>
Paper Towels	<input type="checkbox"/>	<input type="text"/>

Trash Bags	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

Laundry

Sheets Changed

☐

Towels Replaced

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Additional Notes / Issues