

Rental Property Inspection Checklist

Property Details

Address

Inspection Date

Inspector Name

Tenant Name

General Condition

Item	Condition	Comments
Walls/Ceilings		
Floors/Carpet		
Doors/Locks		
Windows/Screens		
Lights/Outlets		

Kitchen

Item	Condition	Comments
Sink/Tap		
Cabinets/Counters		
Appliances		
Extractor/Fan		

Bathroom

Item	Condition	Comments
Sink/Tap		
Toilet		
Shower/Bath		
Tiles/Grout		

Bedrooms

Room	Condition	Comments
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Bedroom 1
Bedroom 2
Bedroom 3

Living/Dining Areas

Item	Condition	Comments
Walls/Floor		
Windows		
Lights		

Exterior

Item	Condition	Comments
Roof/Gutters		
Garden/Lawn		
Garage/Shed		
Fencing/Gates		

Additional Notes

Inspector Signature	Date
Tenant Signature	Date