



# UNIT INSPECTION CHECKLIST



DATE NOTICE OF ENTRY SERVED \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_  
INSPECTION DATE \_\_\_\_\_ INSPECTED BY \_\_\_\_\_ BUILDING # **SAMPLE** UNIT # \_\_\_\_\_ UNIT TYPE **SAMPLE**

GENERAL		YES	NO	COMMENTS
Housekeeping acceptable?		<input type="checkbox"/>	<input type="checkbox"/>	
Yard acceptable? <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	
Indication of pets?		<input type="checkbox"/>	<input type="checkbox"/>	
Indication of bugs/pests?		<input type="checkbox"/>	<input type="checkbox"/>	

ALARMS		WORKING	NEEDS BATTERY	REPLACE	COMMENTS
Smoke Alarm in Hallway		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke Alarm in Bedrooms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CO Alarm <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FLOORING		MATERIAL	LIKE NEW	ACCEPTABLE	REPLACE	COMMENTS
Entry			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Living			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dining			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hallway			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

APPLIANCES		LIKE NEW	ACCEPTABLE	REPLACE	COMMENTS
Fridge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stove		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microwave		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dishwasher		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage Disposal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Washer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dryer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLUMBING		LIKE NEW	REPAIR	REPLACE	COMMENTS
Sinks/Faucets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shower/Tub		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water Heaters <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CABINETS		LIKE NEW	REPAIR	REPLACE	COMMENTS
Kitchen		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hall		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER		LIKE NEW	ACCEPTABLE	REPLACE	COMMENTS
Exhaust Fans <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HVAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light Fixtures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GFCI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blinds	SAMPL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screens	SAMPLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deck/Patio		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAMPLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAMPLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAMPLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SEE FORM # M108b FOR HELPFUL TIPS

☐ ON SITE ☐ RESIDENT ☐ MAIN OFFICE (IF REQUIRED)