

INSPECTION REPORT

Date: _____

Unit: _____

AREA

CONDITION

	Move-In		Move-Out	
	Good	Poor	Good	Poor
Yard/garden				
Driveway				
Patio/porch				
Exterior				
Entry light/bell				
Living room/Dining room/Halls				
Floors/carpets				
Walls/ceilings				
Doors/locks				
Fixtures/light				
Outlets/switches				
Other				
Bedrooms				
Floors/carpets				
Walls/ceilings				
Doors/locks				
Fixtures/light				
Outlets/switches				
Other				
Bathrooms				
Faucets				
Toilet				
Sink/Tub				
Floors/carpets				
Walls/ceiling				
Doors/locks				
fixtures/lights				
Outlet/switches				
Other				
Kitchen				
Refrigerator				
Range				
Oven				
Dishwasher				
Sink/disposal				
Cabinets/counters				
Floors/carpets				
Walls/ceiling				
Doors/locks				
Fixtures/lights				
Outlets/switches				
Other				
Misc.				
Closets/pantry				
Garage				
keys				
Other				

Tenant

Landlord