

## Rental Unit Inspection Checklist

Inspector:	Date:			
Address:				
Inspection Item	NA	NOD	OD	Comments
<b>Patio/Porch/Balcony</b>				
Stairs/Hand Rails				
Ceiling/Soffit				
Lighting				
Outlets/Switches				
<b>Entry Doors</b>				
<b>Living / Dining Room</b>				
Floors				
Walls				
Windows				
Ceiling				
Electrical Outlets				
<b>Kitchen</b>				
Floors				
Walls				
Windows				
Plumbing				
Electrical Outlets				
Lighting				
Counter Top				
Cabinets				
<b>Stairs</b>				
Handrail				
Steps				
Walls				
Ceiling				
Smoke Detector				
Lighting				
<b>Bathroom (s) (1,2)</b>				
GFI's				
Lavatory Sink				
Plumbing				
Faucets				
Tub/Shower				
Ventilation				
Water Closet				
Floors				
Walls				
Ceiling				
Door				
Windows				
Lighting				
<b>Bedroom (s) (1,2,3)</b>				
Floors				
Walls				
Ceiling				
Smoke Detector				
Door				
Windows				
Lighting				
Electrical Outlets				
<b>Hot Water Heater</b>				
<b>Electrical Panel</b>				
<b>HVAC</b>				
<b>Infestation</b>				
<b>Garbage / Rubbish</b>				

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

N/A = Non Applicable      NOD = No Observed Defecency      OD = Observed Defecency