

# TENANT UNIT INSPECTION CHECKLIST

UNIT # \_\_\_\_\_ DATE \_\_\_\_\_

MOVE-IN  ANNUAL

Acceptable?	Y	N	comment	Acceptable?	Y	N	comment
<b>Entire Unit</b>				<b>Kitchen</b>			
Smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>		Wall/interior doors	<input type="checkbox"/>	<input type="checkbox"/>	
Doors and locks	<input type="checkbox"/>	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	
Windows /screens	<input type="checkbox"/>	<input type="checkbox"/>		Floors	<input type="checkbox"/>	<input type="checkbox"/>	
Heating/air conditioning	<input type="checkbox"/>	<input type="checkbox"/>		Electric fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation /air quality	<input type="checkbox"/>	<input type="checkbox"/>		Stove	<input type="checkbox"/>	<input type="checkbox"/>	
Access to fire escape	<input type="checkbox"/>	<input type="checkbox"/>		Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	
Free of vermin/rodents	<input type="checkbox"/>	<input type="checkbox"/>		Sink	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		Disposal/Trash Container	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Living Room</b>				Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	
Wall/interior doors	<input type="checkbox"/>	<input type="checkbox"/>		Countertops	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	<input type="checkbox"/>		<b>Bedroom</b>			
Electric fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>		Wall/interior doors	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Dining area</b>				Floors	<input type="checkbox"/>	<input type="checkbox"/>	
Wall/interior doors	<input type="checkbox"/>	<input type="checkbox"/>		Electric fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	<input type="checkbox"/>		<b>Bedroom</b>			
Electric fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>		Wall/interior doors	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Bathroom</b>				Floors	<input type="checkbox"/>	<input type="checkbox"/>	
Wall/interior doors	<input type="checkbox"/>	<input type="checkbox"/>		Electric fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	
Floors	<input type="checkbox"/>	<input type="checkbox"/>		<b>Bedroom</b>			
Electric fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>		Wall/interior doors	<input type="checkbox"/>	<input type="checkbox"/>	
Working toilet	<input type="checkbox"/>	<input type="checkbox"/>		Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	
Lavatory (hot/cold water)	<input type="checkbox"/>	<input type="checkbox"/>		Floors	<input type="checkbox"/>	<input type="checkbox"/>	
Tub/Shower (hot/cold water)	<input type="checkbox"/>	<input type="checkbox"/>		Electric fixtures/outlets	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>		<b>Comments</b>			

MANAGER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TENANT SIGNATURE  
REQUIRED AT MOVE-IN \_\_\_\_\_

DATE \_\_\_\_\_