

CHECK LIST FOR RESIDENTIAL PROPERTY

Name	«Lessee»
Building	«Building_Name»
Unit Number	«Unit_No»

METER READINGS

Item	Incoming Inspection	Outgoing Inspection
Electricity		
Water		

LOUNGE

Item	Incoming Inspection	Outgoing Inspection
Tiles / Carpets / Floor Coverings		
Plugs		
Light fittings and switches		
Windows and frames		
Door(s)		
Door lock(s)		
Keys		
Walls and ceiling		
Cupboard		
Blinds		

KITCHEN

Item	Incoming Inspection	Outgoing Inspection
Tiles / Carpets / Floor Coverings		
Plugs		
Light fittings and switches		
Windows and frames		
Door(s)		
Door lock(s)		
Keys		
Walls and ceiling		
Cupboard		
Stove		
Sink		

Taps		
Drains		
Pipes		
Blinds		

BEDROOM 1

Item	Incoming Inspection	Outgoing Inspection
Tiles / Carpets / Floor Coverings		
Plugs		
Light fittings and switches		
Windows and frames		
Door(s)		
Door lock(s)		
Keys		
Walls and ceiling		
Cupboard		
Blinds		

BEDROOM 2

Item	Incoming Inspection	Outgoing Inspection
Tiles / Carpets / Floor Coverings		
Plugs		
Light fittings and switches		
Windows and frames		
Door(s)		
Door lock(s)		
Keys		
Walls and ceiling		
Cupboard		
Blinds		

BEDROOM 3

Item	Incoming Inspection	Outgoing Inspection
Tiles / Carpets / Floor Coverings		
Plugs		
Light fittings and switches		

Windows and frames		
Door(s)		
Door lock(s)		
Keys		
Walls and ceiling		
Cupboard		
Blinds		

BATHROOM

Item	Incoming Inspection	Outgoing Inspection
Tiles / Carpets / Floor Coverings		
Plugs		
Light fittings and switches		
Windows and frames		
Door(s)		
Door lock(s)		
Keys		
Walls and ceiling		
Cupboard		
Blinds		
Basin		
Bath		
Taps		
Shower		
Drains		
Pipes		

DINING ROOM

Item	Incoming Inspection	Outgoing Inspection
Tiles / Carpets / Floor Coverings		
Plugs		
Light fittings and switches		
Windows and frames		
Door(s)		
Door lock(s)		

Keys		
Walls and ceiling		
Cupboard		
Blinds		

BALCONY

Item	Incoming Inspection	Outgoing Inspection
Tiles / Carpets / Floor Coverings		
Plugs		
Light fittings and switches		
Windows and frames		
Door(s)		
Door lock(s)		
Keys		
Walls and ceiling		
Cupboard		
Blinds		

Comments: _____

Incoming Inspection Date: _____

Outgoing Inspection date: _____

 Landlord / Agent Signature

 Landlord / Agent Signature

 Tenant Signature
 «Lessee»

 Tenant Signature
 «Lessee»