

6 MONTH INSPECTION CHECKLIST

Date of Inspection: _____

Inspector Name: _____

Phone: _____

Property Address: _____

	Needs Repair? Yes or No	Notes	Estimate \$
KITCHEN:			
Faucets	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sinks	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Drains	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Garbage Disposal	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dishwasher	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Refrigerator	Yes <input type="checkbox"/> No <input type="checkbox"/>		
BATHROOM:			
Sinks	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Toilets	Yes <input type="checkbox"/> No <input type="checkbox"/>		
LAUNDRY:			
Washer	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dryer	Yes <input type="checkbox"/> No <input type="checkbox"/>		
AC/Furnace	Yes <input type="checkbox"/> No <input type="checkbox"/>		
AC/Furnace Filter Size(s)			
Door Handles	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Smoke Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>		
CO2 Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Blinds	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Carpets/Flooring	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Walls	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Landscaping Irrigation	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Landscaping Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Additional Items to Look For:

Illegal Activity

Fire or Safety Hazards

Signs of Infestation/Pests

Foul Odors

Smoke Odor

Pet Odors/Damage

How Many Pets Present:

Trash/Recycle Bins Orderly

On a scale of 1-10, how would you rate the overall condition of this home?

1 2 3 4 5 6 7 8 9 10

Overall Opinion of Condition of the Home:
