

Property Inspection Checklist

Donna Farrow & Company

Inspector: _____

Date: _____

Owner _____

Property Address: _____

Inspection Item	Condition	Repairs/Maint Needed	O-Contact
Exterior			
Exterior A/C			
Yard/Trees/Bushes			
Fencing			
Siding			
Gutters			
Roof			
Windows/Frames			
Doors/Door Locks/Frames			
Walk Way Steps			
Decking			
Satellite			
Interior			
Tenant Cleanliness			
Kitchen (Faucett/Stove Pipes)			
Garbage Disposal			
Living room (Lighting)			
Hallway			
Bed1 (Door, Lights, Walls, Fans, Alarm)			
Bed2 (Door, Lights, Walls, Fans, Fire Alarm)			
Bed3 (Door, Lights, Walls, Fans, Alarm)			
Bed4 (Door, Lights, Walls, Fans, Alarm)			
Bed5 (Door, Lights, Walls, Fans, Alarm)			
Bath1 (Door, Faucett, Toilet, Shower)			
Bath2 (Door, Faucett, Toilet, Show)			
Bath3 (Door, Faucett, Toilet, Show)			
HVAC Filter/size			
Pets?		Yes/No	
		Size:	
		How Many?	
Flooring			
Blinds			
Drapes			
Following Items Need To Be Scheduled:			