

(Property)

APARTMENT INSPECTION FORM

Date of Inspection: _____

Resident: _____ Unit#: _____ Landlord: _____

Key: CL – CLEAN/OK DI – DIRTY	DA – DAMAGED MI – MISSING	RE – REPLACE RP – REPAIR
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ROOM AREA	CL	DI	DA	MI	RE	RP	COMMENTS
1. Entrance Door/door Lock							
2. Windows/Locks/Screens/Blinds/Child Guards							
3. Walls/ Ceilings							
4. Floor/Tiles							
5. Electric Outlets/Switches/Switch Plates/Safety Plug							
6. Light Fixture/Bulb							
7. Heating/Cooling Units							
8. Fire Safety Sign/Decal on Stove/Smoke Alarm							
KITCHEN							
1. Hood Light fixture/Bulb							
2. Hood Fan/Filter							
3. Stove/Oven							
4. Sink/Faucet							
5. Refrigerator/Refrigerator Bulb*							
6. Food – Note information in the "Comments" Section							
7. Receptacle/Receptacle Cover							
8. Floor/Tiles							
9. Wall/Ceiling							
10. Electric Outlets/Switches/Switch Plates/Safety Plugs							
11. Cabinets/Knobs/Shelves							
*If light bulb is higher than 30 watts, it must be removed and resident must be warned.							
BATHROOM							
1. Toilet/Toilet Seat/Toilet Paper Roll							
2. Tub/Shower/Faucet/Shower Head							
3. Sink/Faucet							
4. Medicine Cabinet/Mirror							
5. Towel/Grab Bars/Soap Dish (Shower)							
6. Toothbrush Holder/Soap Dish (Sink)							
7. Floor/Floor Tiles							
8. Walls/Tiles/Ceiling							
9. Electric Outlets/Switches/Switch Plates/Safety Plugs							
10. Light Fixture/Bulb							
11. Vent/Exhaust Fan							
12. Door/Door Lock							
BEDROOM(S)							
1. Windows/Screens/Blinds/Child Guards							
2. Walls/Ceilings							
3. Electric Outlets/Switches/Switch Plates/Safety Plugs							
4. Closets/Shelves/Clothes Bar							
5. Heating/Cooling Units							
6. Light Fixture/Bulb							
7. Door/Door Lock							
8. Floor Tiles							

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HALLWAY(S)	CL	DI	DA	MI	RE	RP	COMMENTS
1. Electric Outlets/Switches/Switch Plates/Safety Plugs							
2. Light Fixture/Bulb							
3. Smoke Detector/Sprinkler Head							
4. Walls/Ceiling							
5. Floor/Tiles							
6. Telephone – Issued							
7. Telephone – Personal							
FURNITURE							
1. Dining Table							
2. Chairs							
3. Coffee Table							
4. Bed Frames/Mattresses							
5. Dressers							
6. High Chair/Bolsters							
7. Crib(s)							
8. Other:							

Housekeeping: **Excellent** - _____ **Good** - _____ **Fair** - _____ **Poor** - _____

Comments - _____

APARTMENT NEGLECT: YES _____ **NO** _____

SIGNATURES: Landlord: _____

Resident: _____