



UNIT INSPECTION CHECKLIST



DATE NOTICE OF ENTRY SERVED _____ PROPERTY NAME / NUMBER _____
 INSPECTION DATE _____ INSPECTED BY _____ BUILDING # SAMPLE UNIT # _____ UNIT TYPE SAMPLE

| GENERAL | | YES | NO | COMMENTS | | |
|-----------------------------------------------|--------|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Housekeeping acceptable? | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Yard acceptable? <input type="checkbox"/> N/A | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Indication of pets? | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Indication of bugs/pests? | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| ALARMS | | WORKING | NEEDS BATTERY | REPLACE | COMMENTS | |
| Smoke Alarm in Hallway | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Smoke Alarm in Bedrooms | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| CO Alarm <input type="checkbox"/> N/A | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| FLOORING | | MATERIAL | LIKE NEW | ACCEPTABLE | REPLACE | COMMENTS |
| Entry | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Kitchen | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Laundry | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bathroom | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bathroom | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bathroom | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Living | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dining | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hallway | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bedroom | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bedroom | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bedroom | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bedroom | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bedroom | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| APPLIANCES | | LIKE NEW | ACCEPTABLE | REPLACE | COMMENTS | |
| Fridge | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Stove | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Microwave | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Dishwasher | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Garbage Disposal | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Washer | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Dryer | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| PLUMBING | | LIKE NEW | REPAIR | REPLACE | COMMENTS | |
| Sinks/Faucets | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Toilets | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Shower/Tub | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Water Heaters <input type="checkbox"/> N/A | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| CABINETS | | LIKE NEW | REPAIR | REPLACE | COMMENTS | |
| Kitchen | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Bathroom | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Hall | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| OTHER | | LIKE NEW | ACCEPTABLE | REPLACE | COMMENTS | |
| Exhaust Fans <input type="checkbox"/> N/A | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| HVAC | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Light Fixtures | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| GFCI | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Blinds | SAMPL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Screens | SAMPLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Deck/Patio | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| SAMPLE | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| SAMPLE | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| SAMPLE | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

SEE FORM # M108b FOR HELPFUL TIPS

ON SITE RESIDENT MAIN OFFICE (IF REQUIRED)