



Home Inspection Checklist

Address _____

Land Size _____ No. of Rooms _____

Price estimate _____

Construction - Roof _____

Selling agent _____

Walls _____

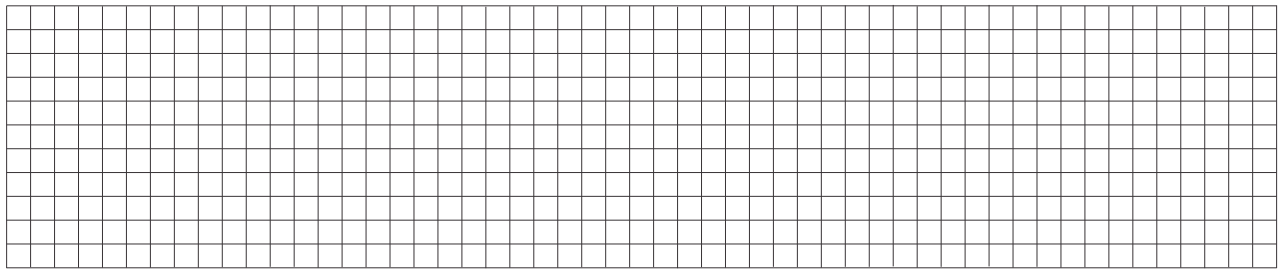
Contact name _____

Water Pressure _____ No. of Bathrooms _____

Phone number _____



Sketch Floor Plan



Exterior	Poor	Average	Good		Poor	Average	Good
Landscaping/garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of exterior walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of gutters/downpipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage/undercover/0?-street parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of footings/timber stumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termite damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sub-?oor ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							

Interior	Poor	Average	Good		Poor	Average	Good
Condition of ?oors/?oor coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating - central/?replace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings - cracks/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls - cracks/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage/cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of paint/wallpaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows - condition/ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors condition/ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light ?ttings/switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							



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Bedrooms	Main	2	3	4	Comments
Adequate Size	yes / no	yes / no	yes / no	yes / no	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Powerpoints Sufficient	yes / no	yes / no	yes / no	yes / no	
Robe built-in/walk-in	yes / no	yes / no	yes / no	yes / no	
					overall rating <input style="width: 50px;" type="text"/>

Bathrooms	Main	2	3	Comments	
Number of bathrooms	yes / no	yes / no	yes / no	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
Conditions of tiles - cracks/grout	yes / no	yes / no	yes / no		
Condition of walls - water damage, mould	yes / no	yes / no	yes / no		
Plumbing/water pressure	yes / no	yes / no	yes / no		
					overall rating <input style="width: 50px;" type="text"/>

Kitchen	Poor	Average	Good	Comments	
Dishwasher/oven/cook top/rangehood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
Conditions of tiles - cracks/grout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing/water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bench space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					overall rating <input style="width: 50px;" type="text"/>

Laundry	Poor	Average	Good	Comments	
Bench space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
Taps/basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing/water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					overall rating <input style="width: 50px;" type="text"/>

Location	Poor	Average	Good	Comments	
Street traffic - light/heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
Public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distance to shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distance to schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distance to medical facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recreation (parks, beach, gym, sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					overall rating <input style="width: 50px;" type="text"/>