

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Inspector: \_\_\_\_\_

**BATHROOMS (Inspect all 3)**

Item Description	OK	Defect	N/A	Remarks / Issues
Cabinets & Shelves				
Ceiling Condition				
Countertop / Vanity				
Door Operation & Lock				
Floor Slope & Grouting				
GFCI Safety Outlet				
Lighting Fixtures				
Mirror Condition				
Electrical Points				
Sink Drainage & Leak Check				
Toilet Flush & Seat				
Towel Hooks / Bars				
Shower / Tub Flow & Drain				
Wall Tiles & Finish				
Window Operation				

**BEDROOMS (Inspect all 3)**

Item Description	OK	Defect	N/A	Remarks / Issues
Ceiling Finish				
Wardrobe / Closet				
Door Alignment				
Flooring Condition				
Light Points				

Item Description	OK	Defect	N/A	Remarks / Issues
Switch Operation				
Wall Paint / Plaster				
Window Seals & Locks				

## KITCHEN

Item Description	OK	Defect	N/A	Remarks / Issues
Cabinet Hinges & Drawers				
Ceiling Finish				
Countertop Scratch/Crack				
Dishwasher Connection				
Flooring				
Garbage Disposal (if any)				
GFCI Outlets near Water				
Under-Cabinet Lighting				
Socket Points				
Oven / Microwave Space				
Refrigerator Space				
Sink Drain & Tap Flow				
Gas Leak / Stove Check				
Wall Tiles / Splashback				
Ventilation / Chimney				

## LIVING & DINING

Item Description	OK	Defect	N/A	Remarks / Issues
Ceiling Finish / False Ceiling				
Switch Board Operation				
Main Door & Lock				

Item Description	OK	Defect	N/A	Remarks / Issues
Flooring Polish / Grout				
Light Fixtures				
Shoe Rack / Closet				
Wall Paint Consistency				
Window Tracks & Locks				
Video Door Phone				

**Inspector Signature:** \_\_\_\_\_ **Client Signature:** \_\_\_\_\_