

Inspection Checklist

Tenant's name

Address

Date/ Time

___ **Take:** Camera ___ Rod to check alarms ___ Pen ___

___ **Email ck** _____ **Ph**.....

___ **Income provider ck**..... ContactPh.....

___ **Guarantor ck** Name Address Phone

___ **Numbers ck** Phone IRD MSD

___ **Outside** Walls ___ Out buildings ___ Bins ___ Lawns ___ Grounds ___

___ **Keys & Locks**

___ **Occupants & Pets** as per tenancy agreement

___ **Kitchen** Floors Walls ___ Blinds ___ Ceiling ___ Cupboards ___ Stove ___ Fan ___

___ **Living/Dining** Floors _____ Curtains ___ Alarms ___ Walls ___ Ceilings ___ Lights _____

___ **1st Br** Floors _____ Curtains ___ Alarms ___ Walls ___ Ceilings ___ Lights _____

___ **2nd Br** Floors _____ Curtains ___ Alarms ___ Walls ___ Ceilings ___ Lights _____

___ **3rd Br/Lounge** Floors _____ Curtains ___ Alarms ___ Walls ___ Ceilings ___ Lights _____

___ **Bathroom** Floors ___ Walls ___ Ceilings ___ Lights ___ Drains ___ Taps ___ Shower ___
Water leaks ___ Fans ___

___ **Included items** : WM _____ Heater Remotes _____ Fridge _____ Curtains & Blinds _____