

Scheduled check-in on an occupied property.

12 items in 5 areas. Tick one rating per item; write what you see, and number any photo you take next to the item it belongs to.

PROPERTY _____ INSPECTED BY _____ DATE _____

Scale: ☐ Good ☐ Fair ☐ Poor ☐ N/A · Fair and Poor items become work orders in the app

EXTERIOR

Roof, gutters & drainage _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Siding, windows & doors _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Grounds & walkways _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

INTERIOR

Walls, ceilings & floors _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Appliances working _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

SYSTEMS

HVAC & filters _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Plumbing & leaks _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Electrical & water heater _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

SAFETY

Smoke & CO detectors _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Fire extinguisher & locks _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

LEASE COMPLIANCE

Occupancy & authorized use _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

Cleanliness & unauthorized changes _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

SUMMARY AND ACTION ITEMS

SIGNATURES

Inspector

Resident / client

Date