

The periodic check of an empty unit or building: secure, dry, heated or drained, and photographed, for the owner and the insurer.
16 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

SECURITY

Doors & windows locked, no
forced entry

☐ Good ☐ Fair ☐ Poor ☐ N/A

Signs of occupancy or trespass

☐ Good ☐ Fair ☐ Poor ☐ N/A

Mail, flyers & packages removed

☐ Good ☐ Fair ☐ Poor ☐ N/A

Lockbox & keys accounted for

☐ Good ☐ Fair ☐ Poor ☐ N/A

UTILITIES

Heat on and thermostat set, or
water drained

☐ Good ☐ Fair ☐ Poor ☐ N/A

Water main: on or off as planned

☐ Good ☐ Fair ☐ Poor ☐ N/A

Electric & gas status

☐ Good ☐ Fair ☐ Poor ☐ N/A

INSIDE

Leaks, stains or standing water

☐ Good ☐ Fair ☐ Poor ☐ N/A

Mold-like growth or odor

☐ Good ☐ Fair ☐ Poor ☐ N/A

Signs of pests

☐ Good ☐ Fair ☐ Poor ☐ N/A

Smoke & CO alarms working

☐ Good ☐ Fair ☐ Poor ☐ N/A

Sump pump running, if there is
one

☐ Good ☐ Fair ☐ Poor ☐ N/A

OUTSIDE

Roof, gutters & downspouts

☐ Good ☐ Fair ☐ Poor ☐ N/A

Lawn, snow & walkways kept

☐ Good ☐ Fair ☐ Poor ☐ N/A

Exterior lights working

☐ Good ☐ Fair ☐ Poor ☐ N/A

RECORD

Date of the visit and who walked it _____ ☐ Good ☐ Fair ☐ Poor ☐ N/A

SUMMARY AND ACTION ITEMS

SIGNATURES

Inspector Resident / client Date