

# DWELLING INSPECTION MOVE IN / MOVE OUT / SCHEDULED

043  
(rev. 01/2019)

Tenant \_\_\_\_\_

Inspected by \_\_\_\_\_

Unit No. \_\_\_\_\_

Date \_\_\_\_\_

Checking Symbol	LIVING ROOM	KITCHEN	BATH 1	BATH 2	STAIR HALL	BEDROOM 1	BEDROOM 2	BEDROOM 3	BEDROOM 4	BEDROOM 5	
* Dirty, Missing or Broken											<b>KITCHEN EQUIPMENT</b>
											<b>RANGE</b>
											Switches..... <input type="checkbox"/> Oven Light..... <input type="checkbox"/>
											Racks..... <input type="checkbox"/> Oven Unit..... <input type="checkbox"/>
											Surface Unit..... <input type="checkbox"/> Oven Door..... <input type="checkbox"/>
											Broiler Pan..... <input type="checkbox"/> Pilot Light..... <input type="checkbox"/>
											<b>REFRIGERATOR</b>
											Door(s)..... R <input type="checkbox"/> F <input type="checkbox"/> Ice Trays No. _____
											Chiller Tray..... <input type="checkbox"/> Butter Dish..... <input type="checkbox"/>
											Vegetable Tray..... <input type="checkbox"/> Meat Tray..... <input type="checkbox"/>
											<b>CABINETS</b>
											Shelves..... <input type="checkbox"/> Doors..... <input type="checkbox"/>
											Drawers..... <input type="checkbox"/> Hardware..... <input type="checkbox"/>
											<b>PLUMBING</b>
											Sink..... <input type="checkbox"/> Sprayer..... <input type="checkbox"/> Stopper..... <input type="checkbox"/>
										Faucet..... <input type="checkbox"/> Drain..... <input type="checkbox"/>	
										Strainer..... <input type="checkbox"/>	
										<b>BATHROOM FIXTURES</b>	
										Flushing..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup> Paper Holder..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup>	
										Towel Rack..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup> Glass Holder..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup>	
										Medicine Cabinet..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup> Shower..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup>	
										Commode..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup> Drain..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup>	
										Bathub..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup> Lavatory..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup>	
										Drain..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup> Drain..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup>	
										Stopper..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup> Stopper..... <input type="checkbox"/> <sup>1</sup> <input type="checkbox"/> <sup>2</sup>	

Repairs Needed:

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Comments on General Housekeeping Habits:

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Instructions to Tenant:

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I agree that this apartment is decent, safe and sanitary.

I agree that this apartment is free from any visible mold.

Date \_\_\_\_\_

Tenant \_\_\_\_\_

Date \_\_\_\_\_

Tenant \_\_\_\_\_