

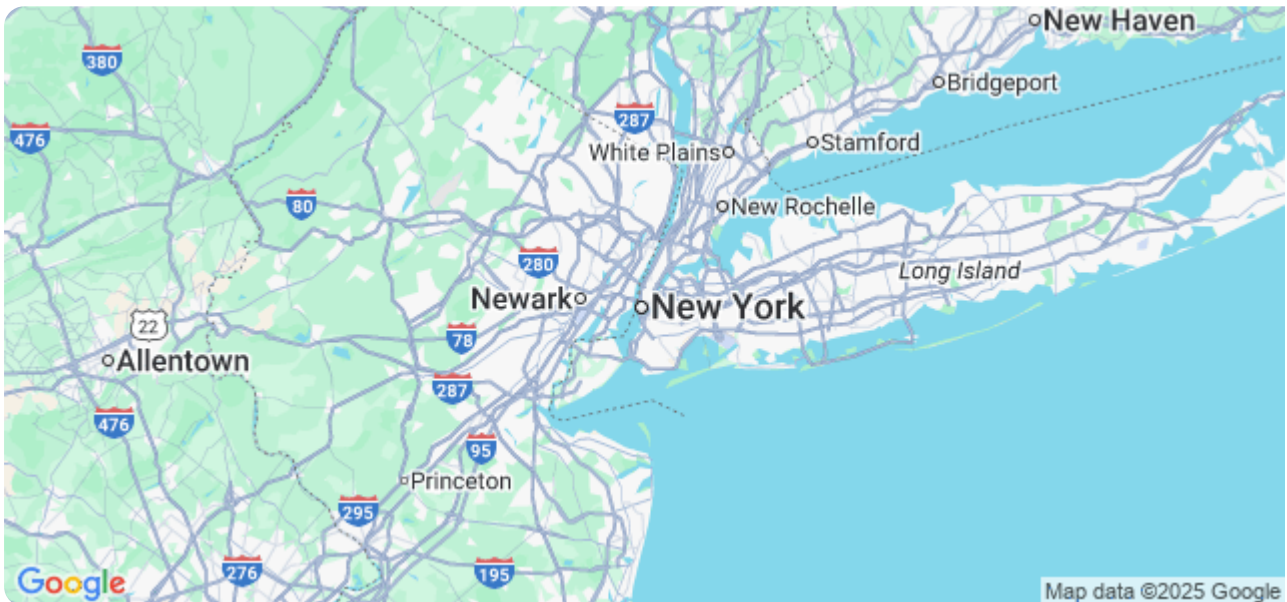
Property Inspection Checklist (Routine)

Exterior - General

Overall condition and appearance of the exterior of the property.

Overall Property Condition (Photos Required)

 [Set My Current Location](#)



Evidence of Pests (Check all that apply)

- Ants
- Termites
- Rodents
- Other (Specify in Long Text)

Driveway Condition Rating (1-5, 1=Poor, 5=Excellent)

Enter a number...

Notes on Exterior Paint Condition (Peeling, Fading, etc.)

Write something...

Photo of Front Exterior

 Upload File

Presence of Gutters

- Yes
- No
- Partially

Evidence of Water Staining/Damage

Write something...

Lot Size (Approximate)

Enter a number...

Roof

Inspection of roofing materials, gutters, and downspouts.

Roofing Material

- Asphalt Shingles
- Tile
- Metal
- Wood Shingles/Shakes
- Slate
- Other

Approximate Age of Roof (Years)

Enter a number...

Condition of Shingles (if applicable)

- Excellent
- Good
- Fair
- Poor
- N/A - Not visible/accessible

Notes on Roof Condition (e.g., missing shingles, curling edges, moss growth)

Write something...

Condition of Gutters and Downspouts

- Excellent
- Good
- Fair
- Poor
- Missing/Damaged

Roof Photos (front, side, any concerns)

 Upload File

Number of Leaks Observed

Enter a number...

Details of any Leak Locations/Signs of Water Intrusion in Attic

Write something...

Foundation & Structure

Assessment of the foundation, walls, and structural integrity.

Foundation Height (inches)

Enter a number...

Foundation Material

- Concrete
- Brick
- Stone
- Wood
- Other

Describe any visible cracks in the foundation (size, location, direction)

Write something...

Presence of Water Stains/Efflorescence on Foundation

- Yes
- No
- Unsure

Visible Wall Bow/Leaning (inches)

Enter a number...

Describe condition of floor joists (if accessible)

Write something...

Type of Framing (visible)

- Wood
- Steel
- Other

Notes about Structural Stability

Write something...

Exterior Walls & Siding

Checking for damage, deterioration, and proper installation.

Siding Material?

- Vinyl
- Wood
- Aluminum
- Stucco
- Brick
- Other

Number of Cracks (if any)

Enter a number...


Description of any Siding Damage (e.g., rot, peeling, cracking)

Write something...

Condition of Caulking/Sealing around Windows & Doors?

- Excellent
- Good
- Fair
- Poor

Photos of Siding Issues (if any)

 Upload File

Evidence of Insect Damage?

- Yes
- No
- Unsure

Details regarding insect evidence (location, type of damage, etc.)

Write something...

Windows & Doors

Operation, condition, and security of windows and exterior doors.

Window Condition (per window)

- Excellent
- Good
- Fair
- Poor
- N/A

Number of Cracks/Chips (per window)

Enter a number...

Window Operation (per window)

- Opens & Closes Properly
- Difficult to Open/Close
- Sticks
- Broken
- N/A

Door Condition (Exterior)

- Excellent
- Good
- Fair
- Poor
- N/A

Door Operation (Exterior)

- Opens and Closes Properly
- Difficult to Open/Close
- Doesn't Latch Securely
- Damaged
- N/A

Notes on Door Hardware (Exterior)

Write something...

Number of Windows with Condensation Between Panes

Enter a number...

Door Type(s)

- Wood
- Steel
- Fiberglass
- Sliding
- Storm

Landscaping & Grounds

Assessment of the landscaping, grading, and overall appearance of the grounds.

Ground Cover Condition

- Excellent
- Good
- Fair
- Poor
- N/A

Sprinkler System Functionality (if present)

Enter a number...

Notes on Tree Health & Condition

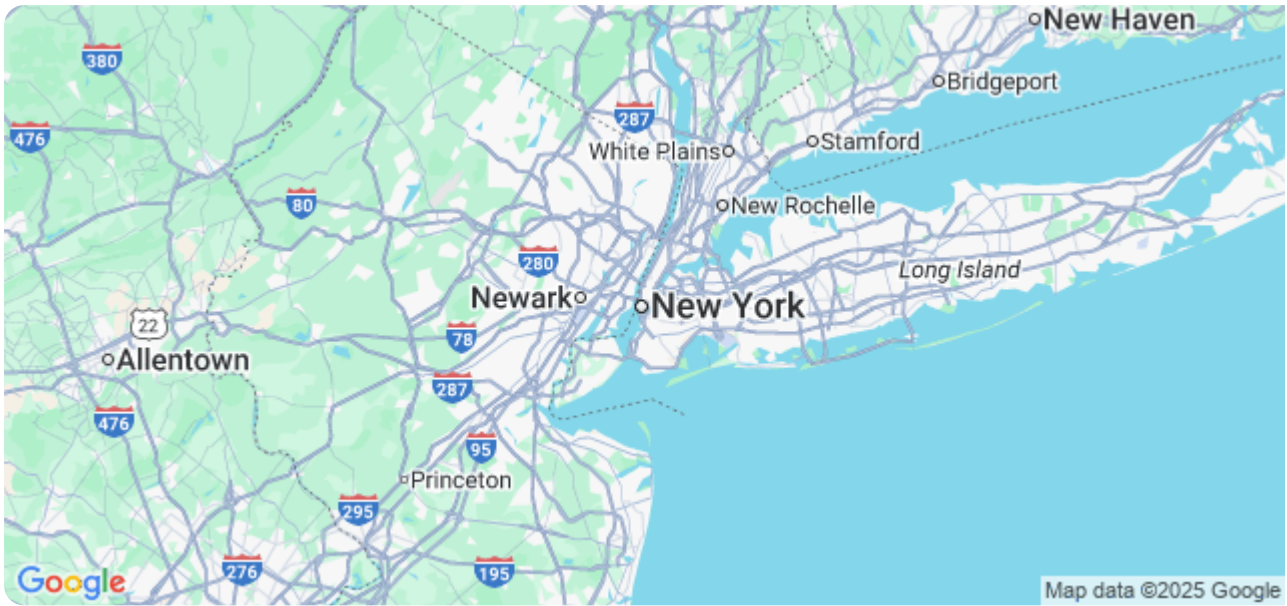
Write something...

Evidence of Pests (e.g., ants, rodents)

- Yes - Ants
- Yes - Rodents
- Yes - Insects
- Yes - Other
- No

Location of Potential Drainage Issues

 [Set My Current Location](#)



Grade Slope (Away from Foundation)

Enter a number...

Comments on Landscaping Maintenance

Write something...

Interior - General

Overall condition and appearance of the interior of the property.

Interior Temperature (Fahrenheit)

Enter a number...

Overall Interior Condition

- Excellent
- Good
- Fair
- Poor

Notes on Odors (e.g., mold, smoke, pets)

Write something...

Evidence of Pests?

- Ants
- Roaches
- Termites
- Rodents
- None Observed

Describe any visible signs of water damage or stains

Write something...

Relative Humidity (%)

Enter a number...

Type of Flooring (Dominant)

- Hardwood
- Carpet
- Tile
- Vinyl
- Other

Plumbing System

Inspection of visible plumbing pipes, fixtures, and water pressure.

Water Pressure (PSI)

Enter a number...

Water Heater Type

- Gas
- Electric
- Tankless
- Unknown

Water Heater Age (Approximate)

- Less than 2 years
- 2-5 years
- 6-10 years
- 11-15 years
- Over 15 years
- Unknown

Observations Regarding Plumbing Pipes (Leaks, Corrosion, etc.)

Write something...

Drainage - Overall Condition

- Excellent
- Good
- Fair
- Poor

Number of Visible Leaks

Enter a number...

Details of any Fixture Issues (e.g., low water pressure, slow drains)

Write something...

Electrical System

Assessment of the electrical panel, wiring, outlets, and switches.

Main Electrical Panel Amperage Rating

Enter a number...

Panel Condition (Visible)

- Excellent
- Good
- Fair
- Poor
- Needs Repair

Number of Outlets Tested

Enter a number...

GFCI Outlet Functionality (Sample)

- Functional
- Not Functional
- Not Present

Notes on Wiring or Panel Concerns

Write something...

Smoke Detector Presence (Per Code)

- Yes, Meets Code
- Yes, Does Not Meet Code
- No

Number of Smoke Detectors Present

Enter a number...

Heating, Ventilation, and Air Conditioning (HVAC)

Inspection of the HVAC system's operation and condition.

HVAC System Type

- Forced Air (Gas)
- Forced Air (Electric)
- Heat Pump
- Window Units
- Other

Approximate HVAC System Age (Years)

Enter a number...

Filter Condition

- Clean
- Dirty
- Very Dirty
- N/A - No Filter Present

Thermostat Operation

- Operating Properly
- Not Operating
- Erratic
- Needs Calibration

Notes on HVAC System Performance/Observations

Write something...

Refrigerant Leaks Present?

- Yes
- No
- Not Visible

Supply Air Temperature (Degrees F)

Enter a number...

Evidence of Condensation/Moisture?

- Yes
- No
- Possible

Interior Walls, Floors, & Ceilings

Checking for cracks, damage, and signs of water intrusion.

Floor Slope (if applicable)

Enter a number...

Wall Condition - General

- Excellent
- Good
- Fair
- Poor

Wall Damage Observed (check all that apply)

- Cracks
- Water Stains
- Holes
- Bulging
- Mold/Mildew
- None

Detailed Description of Wall Issues

Write something...

Ceiling Condition - General

- Excellent
- Good
- Fair
- Poor

Ceiling Damage Observed (check all that apply)

- Stains
- Sagging
- Cracks
- Water Damage
- None

Detailed Description of Ceiling Issues

Write something...

Floor Levelness Deviation (if applicable)

Enter a number...

Kitchen

Inspection of appliances, cabinetry, and countertops.

Refrigerator Age (Years)

Enter a number...

Dishwasher Age (Years)

Enter a number...

Oven/Range Age (Years)

Enter a number...

Dishwasher Operation

- Operates Normally
- Leaking
- Noisy
- Not Working

Range Hood Function

- Operates Normally
- Noisy
- Not Working

Notes on Cabinetry Condition

Write something...

Garbage Disposal Function

- Operates Normally
- Leaking
- Noisy
- Not Working

Bathrooms

Assessment of fixtures, ventilation, and overall condition.

Water Pressure (PSI)

Enter a number...

Toilet Flushing Performance

- Excellent
- Good
- Fair
- Poor

Shower/Tub Condition

- Excellent
- Good
- Fair
- Poor

Notes on Tile/Grout Condition

Write something...

Ventilation Functionality

- Working Properly
- Slow/Inefficient
- Not Working

Drainage Time (Seconds - Sink)

Enter a number...

Describe any leaks or water damage observed

Write something...

Safety Features

Check for smoke detectors, carbon monoxide detectors, and other safety devices.

Number of Smoke Detectors Installed

Enter a number...

Number of Carbon Monoxide Detectors Installed

Enter a number...

Smoke Detector Placement (Check all that apply)

- Each Bedroom
- Outside Each Sleeping Area
- On Each Level of the Home
- Near the Kitchen
- Other (Specify)

CO Detector Placement (Check all that apply)

- Near Sleeping Areas
- On Each Level of the Home
- Near Fuel-Burning Appliances
- Other (Specify)

Smoke Detector Testing Performed?

- Yes
- No
- N/A

CO Detector Testing Performed?

- Yes
- No
- N/A

Comments/Observations Regarding Safety Features

Write something...