

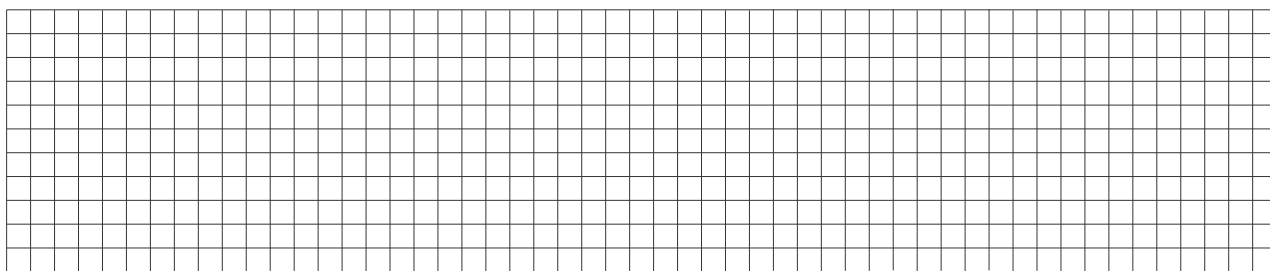
# Home Inspection Checklist

Address \_\_\_\_\_  
 \_\_\_\_\_  
 Price estimate \_\_\_\_\_  
 Selling agent \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone number \_\_\_\_\_

Land Size \_\_\_\_\_ No. of Rooms \_\_\_\_\_  
 Construction - Roof \_\_\_\_\_  
 Walls \_\_\_\_\_  
 Water Pressure \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_



Sketch Floor Plan



Exterior	Poor	Average	Good		Poor	Average	Good
Landscaping/garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of exterior walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of gutters/downpipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage/undercover/o?-street parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of footings/timber stumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termite damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sub-?oor ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							

Interior	Poor	Average	Good		Poor	Average	Good
Condition of ?oors/?oor coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating - central/?replace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings - cracks/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls - cracks/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage/cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of paint/wallpaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows - condition/ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors condition/ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light ?ttings/switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							

# Home Inspection Checklist

Bedrooms	Main	2	3	4	Comments	
Adequate Size	yes / no	yes / no	yes / no	yes / no		
Powerpoints Sufficient	yes / no	yes / no	yes / no	yes / no		
Robe built-in/walk-in	yes / no	yes / no	yes / no	yes / no		
					overall rating	<input type="text"/>

Bathrooms	Main	2	3	Comments	
Number of bathrooms	yes / no	yes / no	yes / no		
Conditions of tiles - cracks/grout	yes / no	yes / no	yes / no		
Condition of walls - water damage, mould	yes / no	yes / no	yes / no		
Plumbing/water pressure	yes / no	yes / no	yes / no		
				overall rating	<input type="text"/>

Kitchen	Poor	Average	Good	Comments	
Dishwasher/oven/cook top/rangehood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Conditions of tiles - cracks/grout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing/water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bench space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				overall rating	<input type="text"/>

Laundry	Poor	Average	Good	Comments	
Bench space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Taps/basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing/water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				overall rating	<input type="text"/>

Location	Poor	Average	Good	Comments	
Street traffic - light/heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distance to shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distance to schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distance to medical facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recreation (parks, beach, gym, sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				overall rating	<input type="text"/>