

TENANT'S ROUTINE INSPECTION CHECKLIST

Please complete ALL details and leave the report on the kitchen table or bench top.

Property: _____

Tenant(s): _____

Please mark YES or NO to indicate if there is maintenance required at the property for the following;

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 1. | Are there any leaks under the sink? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. | Are there any leaks under the bathroom wash basins? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. | Are there any leaks from the shower into cupboards? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. | Are there any leaks from the washing machine affecting the walls/cupboards? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. | Are there any leaks from the hot water system? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. | Are there any leaks behind the toilet? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. | Are there any leaks from the roof onto the ceiling? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. | Are there any tears or ripples in the carpet? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. | Are there any power points that are faulty or not working? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. | Are there any lights not working? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. | Are there any faults with the stove elements, oven or grill? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12. | Are there any doors or windows that are not reasonably secure? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13. | Are there any problems with the external guttering or down pipes? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14. | Are any steps, railings or balconies not secure or loose? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 15. | Is there any evidence of dry rot in the wood on the property? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 16. | Are any of the fences, retaining walls or gates not secured? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 17. | Are there any loose or damaged tiles in the property? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 18. | Are there any fly screens missing from the windows? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 19. | Do any of the fly screens have holes? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 20. | Are there any obstructions on the property that could be dangerous? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you have answered yes to any of the above questions, please list the problem in further detail. **THIS IS A GUIDE ONLY.** Should you have any maintenance concerns please advise our office.

If there is anything NOT LISTED above that you would like to bring to our attention please list it below or call our office.

Do you have any pets? YES NO Type: _____ Breed: _____ Age: _____ Registration: _____

Has there been a change in tenants occupying the property? YES NO

If YES, Detail
change: _____

TENANT
SIGNATURE/s: _____ DATE: _____