



Property Inspection Checklist

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Address of property:

Inspection carried out by:

Date of inspection:

Names of persons present:

Safety and security

Do all CO alarms work?

Yes

No

Do all smoke alarms work?

Yes

No

Do all external door locks work?

Yes

No

Comments and any action required:

Entrance, exit, hall, stairs and landing, and common parts if flat

Condition of common parts

Satisfactory

Unsatisfactory

Condition of carpet/flooring

Satisfactory

Unsatisfactory

Condition of any hand-rail or bannisters

Satisfactory

Unsatisfactory

Does entrance door open, close and lock correctly?

Yes

No

Does any back door open, close and lock correctly?

Yes

No

Are all fire exits free from obstruction?

Yes

No

Comments and any action required:

Checklist for each reception room and bedroom

Room				
Cupboards	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Furniture and furnishings supplied (if relevant)	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory <input type="checkbox"/> N/A
Visual checks of lighting, sockets and light switches	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Windows inc handles, trickle vents	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Radiators	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Walls and ceiling	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Flooring	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Doors - handles and closures	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
General cleanliness	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Decorative condition	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Any damp, condensation or mould?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any damage by tenants?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are repairs needed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Comments and any action required:

Checklist for kitchen

Sink, waste, taps	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Splash backs / tiling	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Cooker / oven / hob	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Extractor	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Other appliances supplied	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Any signs of water leaks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cupboards	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Windows inc handles, trickle vents	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Radiators	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Visual checks of lighting, sockets and light switches	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Walls and ceiling	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Flooring	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Doors - handles and closures	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Decorative condition	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
General cleanliness	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Any damp, condensation or mould?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any damage by tenants?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are repairs needed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Comments and any action required:

Checklist for bathroom, shower room, toilet, en suite

Basin, waste, taps	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Splash backs / tiling	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Shower	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Is shower trap clear of hair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Bath	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Is bath waste clear of hair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Cabinets	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Condition of sealant around basin, shower, bath	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Radiator / heated towel rail	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Visual checks of lighting, sockets and light switches	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Walls, ceiling, flooring	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Does the extractor work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Doors inc, handles and closures	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Decorative condition	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
General cleanliness	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Any damp, condensation or mould?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any damage by tenants?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are repairs needed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Comments and any action required:

Checklist for cellar (if applicable)

General condition	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
General cleanliness	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Any rubbish?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
Signs of pests infestations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are the trickle vents open?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does it smell or look damp?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Evidence of cannabis growing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Comments and any action required:

Checklist for loft or attic (if applicable)

General condition	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Signs of holes in roof?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Signs of pest infestations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Evidence of cannabis growing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Inappropriate items or rubbish?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any damp, condensation or mould?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Any damage by tenants?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are repairs needed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Comments and any action required:

Checklist for garden / yard / terrace / outside space

Lawn	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>	N/A
Beds, shrubs, trees	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>	N/A
Patio / paving / balcony	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>	N/A
Paths / driveway	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>	N/A
Clear drains?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Manhole cover	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>	N/A
Use and storage of bins	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory		
Trip hazards?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Evidence of pest infestations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Garden fences, hedges and walls	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/>	N/A
Condition of outside space	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory		
Tidiness and cleanliness of outside space	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory		
Any damage by tenants?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Are repairs needed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Comments and any action required:

Exterior of building

Overall condition	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	
Windows	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	
Pointing, render, paintwork	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	
Soffits and fascias	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	
Downpipes and guttering	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	
Porch or front door canopy	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	
Chimney stack	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory	<input type="checkbox"/> N/A
Evidence of pest infestations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Any damage by tenants?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are repairs needed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Comments and any action required:

Other checks

Signs of smoking?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Signs of additional occupiers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heating thermostat	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Visual check of boiler	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Unsatisfactory
Any fire risks?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Evidence of pets?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Details of any pets:

Comments and any action required:

Concerns raised or comments made by tenant or occupiers

Summary of actions for landlord

Summary of actions for tenants

Signatures

Signature of person carrying out inspection

Date

Signature of tenant

Date