



# Unit Inspection Form

Project Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

**Code:**  
 A = Acceptable  
 M = Maintenance Needed (w/in 1yr)  
 R = Requires immediate attention

ROOM	COMMENTS	A	M	R
<b><u>Kitchen:</u></b>				
Ceiling				
Doors				
Walls				
Floors				
Window				
Stove				
Refrigerator				
Sink				
Electrical Fixtures				
Cabinets				
<b><u>Bathroom:</u></b>				
Doors				
Walls				
Ceiling				
Floor				
Toilet				
Basin				
Mirrors				
Towel Bars				
Fans				
Tub/Shower				
GFI Fixtures				
Window				
<b><u>Living Room:</u></b>				
Doors				
Walls				
Ceiling				
Floor				
Electrical Fixtures				
Window				
Other				
<b><u>Room #1:</u></b>				
Doors				
Walls				
Ceiling				
Floor				
Electrical Fixtures				
Closets				



# Unit Inspection Form

Window				
Other				
<b>Room #2:</b>				
Doors				
Walls				
Ceiling				
Floor				
Electrical Fixtures				
Closets				
Window				
Other				
<b>Room #3:</b>				
Doors				
Walls				
Ceiling				
Floor				
Electrical Fixtures				
Closets				
Window				
Other				
<b>Room #4:</b>				
Doors				
Walls				
Ceiling				
Floor				
Electrical Fixtures				
Closets				
Window				
Other				
<b>Miscellaneous:</b>				
Screens				
Storm Windows				
Porch				
Stairs				
Smoke Alarm				
Fire Extinguisher				
Thermostat				
Other				

Contact Person (Property Manager):

Phone #:

List of New Improvements/Comments:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_