

# ANNUAL INSPECTION

(03/20)

Property	Unit Number
Inspection Performed By	Date of Inspection

## ENTRANCE/HALLS

Doors

Hardware/Locks

Floors/Coverings

Walls/Coverings

Ceilings

Lighting

## LIVING ROOM

Floor/Coverings

Walls/Coverings

Ceiling

Windows/Covering

Lighting

Electrical outlets

## DINING ROOM

Floor/Coverings

Walls/Coverings

Ceiling

Windows/Coverings

Lighting

Electrical outlets

## KITCHEN

Range

Refrigerator

Sink/Faucets<sup>3</sup>

Floor/Coverings	
Walls/Coverings	
Ceiling	
Lighting	
Electrical outlets	
Cabinets	
Exhaust fan	
Fire alarms & equipment	
<b>MASTER BEDROOM</b>	
Doors and locks	
Floor/Coverings	
Walls/Coverings	
Ceiling	
Windows/Covering	
Closets <sup>2</sup>	
Lighting <sup>1</sup>	
Electrical outlets	
<b>BEDROOM 2</b>	
Doors and locks	
Floor/Coverings	
Walls/Coverings	
Ceiling	
Windows/Covering	
Closets <sup>2</sup>	
Lighting <sup>1</sup>	
Electrical outlets	

<b>BATH</b>	
Doors and locks	
Floor/Coverings	
Walls/Coverings	
Ceiling	
Windows/Covering	
Closets <sup>2</sup>	
Lighting <sup>1</sup>	
Electrical outlets	

By signing below, I certify this unit is in decent, safe and sanitary condition.

Resident Signature
Property Owner/Manager Signature