

# Routine Inspection report

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

Lease Expiry Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Name of Lessor: \_\_\_\_\_

Property Manager: \_\_\_\_\_

Inspector: \_\_\_\_\_

## URGENT ACTION / MAINTENANCE

\_\_\_\_\_

## GENERAL COMMENTS / MAINTENANCE

\_\_\_\_\_

## TENANT ACTION REQUIRED

\_\_\_\_\_

The Lessor accepts that the Agent is only able to conduct a visual inspection of the property and that the Agent is not a licensed engineer, architect, builder, pool safety inspector or any other type of professional or tradesperson.

Annual building inspection and pest control inspection for termites are recommended by this agency. Please advise your property manager in writing, if you wish to have any or all of the above attended to OR if you wish for any other maintenance to be attended to on your property.

**Lessor:** Please advise maintenance instructions and/or advice to the Agency in writing

**Agent:** Record Condition by indicating Satisfactory or Not Satisfactory

Room / area	Satisfactory on visual inspection	Not Satisfactory on visual inspection	Comments
Grounds Front	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	
Garage/Carport	<input type="checkbox"/>	<input type="checkbox"/>	
Entry	<input type="checkbox"/>	<input type="checkbox"/>	
Lounge room	<input type="checkbox"/>	<input type="checkbox"/>	
Family room	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	
Dining room	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	
Ensuite	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	
Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	
Passageway	<input type="checkbox"/>	<input type="checkbox"/>	
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	

**Lessor:** Please advise maintenance instructions and/or advice to the Agency in writing

**Agent:** Record Condition by indicating Satisfactory or Not Satisfactory

Room / area	Satisfactory on visual inspection	Not Satisfactory on visual inspection	Comments
Grounds Rear	<input type="checkbox"/>	<input type="checkbox"/>	
Property Exterior	<input type="checkbox"/>	<input type="checkbox"/>	
General	<input type="checkbox"/>	<input type="checkbox"/>	

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