

Home Inspection

Property Address

Date of Inspection

Inspector

INSTRUCTIONS

This checklist is designed to conduct a comprehensive inspection of the residential property to assess its condition and identify any potential issues. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

1. EXTERIOR INSPECTION

Roof: Check the roof condition for signs of damage or leaks.

Yes No NA

Gutters and Downspouts: Inspect gutters and downspouts for clogs or damage.

Yes No NA

Siding and Exterior Walls: Check for cracks, rot, or damage to the siding.

Yes No NA

Windows and Doors: Test windows and doors for proper functionality and seals.

Yes No NA

Observations/Notes/Corrective actions, if any:

2. INTERIOR INSPECTION

Walls and Ceilings: Check for cracks, water stains, or signs of structural issues.

Yes No NA

Flooring: Inspect floors for wear, damage, or unevenness.

Yes No NA

Stairs and Railings: Ensure stairs and railings are secure and safe.

Yes No NA

Cabinets and Countertops: Check the condition of cabinets and countertops.

Yes No NA

Observations/Notes/Corrective actions, if any:

3. PLUMBING SYSTEM

Water Supply: Test faucets and fixtures for adequate water supply.

Yes No NA

Drainage: Check sinks, showers, and toilets for proper drainage.

Yes No NA

Water Heater: Inspect the water heater for leaks and proper operation.

Yes No NA

Visible Pipes: Check visible pipes for leaks or corrosion.

Yes No NA

Observations/Notes/Corrective actions, if any:

4. ELECTRICAL SYSTEM

Circuit Breaker Panel: Inspect the circuit breaker panel for proper labeling and functionality. Yes No NA

Outlets and Switches: Test outlets and switches for proper operation. Yes No NA

Electrical Wiring: Check for visible signs of damaged or exposed wiring. Yes No NA

Lighting: Test light fixtures for functionality. Yes No NA

Observations/Notes/Corrective actions, if any:

5. HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)

Heating System: Check the heating system for proper operation and filters. Yes No NA

Cooling System: Test the air conditioning system and filters. Yes No NA

Ventilation: Inspect vents and exhaust fans for proper ventilation. Yes No NA

Observations/Notes/Corrective actions, if any:

6. KITCHEN APPLIANCES

Range and Oven: Test the range and oven for functionality. Yes No NA

Dishwasher: Check the dishwasher for proper operation. Yes No NA

Refrigerator: Inspect the refrigerator and freezer for cooling. Yes No NA

Observations/Notes/Corrective actions, if any:

7. FOUNDATION AND STRUCTURAL

Foundation: Inspect the foundation for cracks or signs of settlement. Yes No NA

Framing: Check for signs of structural issues or damage to framing. Yes No NA

Basement/Crawl Space: Inspect the basement or crawl space for moisture or leaks. Yes No NA

Observations/Notes/Corrective actions, if any:

8. SAFETY AND SECURITY

Smoke Alarms: Check the smoke alarms for functionality and proper placement.

Yes No NA

Carbon Monoxide Detectors: Inspect carbon monoxide detectors for functionality.

Yes No NA

Handrails and Guardrails: Ensure handrails and guardrails are secure and compliant.

Yes No NA

Observations/Notes/Corrective actions,
if any:

9. EXTERIOR PROPERTY

Landscaping: Check the condition of landscaping and irrigation systems.

Yes No NA

Driveway and Walkways: Inspect driveways and walkways for cracks or damage.

Yes No NA

Fences and Gates: Ensure fences and gates are in good condition.

Yes No NA

Observations/Notes/Corrective actions,
if any:

ADDITIONAL NOTES/OBSERVATIONS:

[Insert any additional notes or home inspection observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above home inspection and that the residential property has been thoroughly inspected for condition and potential issues. Any identified issues have been documented, and necessary corrective actions have been recommended.

Observer's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :