

Punch List Checklist

Project Name

Date of Inspection

Inspector's Name

INSTRUCTIONS:

This checklist is designed to help you create and manage a punch list for a construction project. Carefully review each item and mark the corresponding checkbox to indicate completion or note any outstanding tasks. Use the "Notes" section to provide additional details, necessary improvements, and any required follow-up.

GENERAL PROJECT ITEMS

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|----|
| Exterior walls are clean and free from debris. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Windows and doors open and close smoothly. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Roof and gutters are free from visible defects. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Exterior landscaping is completed and in good condition. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Site signage is accurate and properly displayed. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Construction fencing is properly installed and maintained. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Temporary utilities and structures are removed. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |

Observations / Notes /
Corrective actions, if any:

INTERIOR FINISHES

- | | | | | | | |
|--|--------------------------|-----|--------------------------|----|--------------------------|----|
| Walls and ceilings are painted and finished. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Flooring materials are properly installed and free from defects. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Doors and hardware are properly functioning. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Trim and millwork are installed and finished. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Staircases and railings meet safety standards. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Cabinets and countertops are installed and aligned. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Fixtures and appliances are operational. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |
| Interior lighting is installed and functioning. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA |

Observations / Notes /
Corrective actions, if any:

MECHANICAL AND ELECTRICAL SYSTEMS

HVAC systems are operational and balanced.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Electrical outlets and switches are functioning.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Plumbing fixtures are properly installed and working.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Fire and safety systems are operational.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Elevators and escalators are operational (if applicable).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Utility connections are properly established.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Observations / Notes /
Corrective actions, if any:

FINAL CLEAN-UP

Construction debris is removed from site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Interior spaces are thoroughly cleaned.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Exterior areas are cleared of debris and waste.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Floors and surfaces are properly swept and cleaned.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Trash receptacles are provided and emptied.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL ITEMS

Specific tasks or details unique to your project.

NOTES

[Insert any additional notes, observations, or details about outstanding tasks.]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above Construction Punch List checklist and that the identified tasks have been assessed for completion. Any outstanding items have been documented, and necessary improvements have been recommended.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :