

Home Inspection Checklist

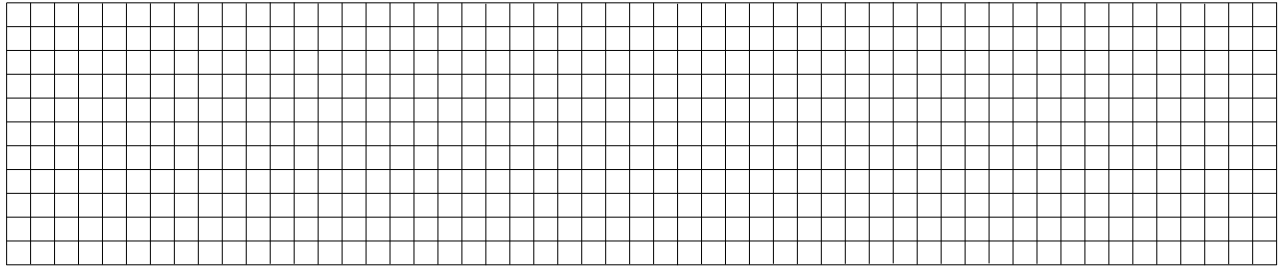
Address _____

 Price estimate _____
 Selling agent _____
 Contact name _____
 Phone number _____

Land Size _____	No. of Rooms _____
Construction - Roof _____	
Walls _____	
Water Pressure _____	No. of Bathrooms _____



Sketch Floor Plan



Exterior	Poor	Average	Good		Poor	Average	Good
Landscaping/garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of exterior walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of gutters/downpipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage/undercover/off-street parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of footings/timber stumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termite damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sub-floor ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							

Interior	Poor	Average	Good		Poor	Average	Good
Condition of floors/floor coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating - central/fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings - cracks/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls - cracks/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage/cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of paint/wallpaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows - condition/ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors condition/ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light fittings/switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							

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Bedrooms	Main	2	3	4	Comments
Adequate Size	yes / no	yes / no	yes / no	yes / no	<input type="text"/>
Powerpoints Sufficient	yes / no	yes / no	yes / no	yes / no	
Robe built-in/walk-in	yes / no	yes / no	yes / no	yes / no	
overall rating					<input type="text"/>

Bathrooms	Main	2	3	Comments	
Number of bathrooms	yes / no	yes / no	yes / no	<input type="text"/>	
Conditions of tiles - cracks/grout	yes / no	yes / no	yes / no		
Condition of walls - water damage, mould	yes / no	yes / no	yes / no		
Plumbing/water pressure	yes / no	yes / no	yes / no		
overall rating					<input type="text"/>

Kitchen	Poor	Average	Good	Comments	
Dishwasher/oven/cook top/rangehood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Conditions of tiles - cracks/grout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing/water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bench space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
overall rating					<input type="text"/>

Laundry	Poor	Average	Good	Comments	
Bench space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Taps/basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing/water pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
overall rating					<input type="text"/>

Location	Poor	Average	Good	Comments	
Street traffic - light/heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
Public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distance to shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distance to schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Distance to medical facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recreation (parks, beach, gym, sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
overall rating					<input type="text"/>