

ACCOMMODATION INSPECTION REPORT (IN TRIPLICATE)

Address of Rental Premises:	Name of Landlord:
Name of Tenant	Name of Tenant
Name of Tenant	Name of Tenant

Inspections should be conducted when the premises are vacant unless the landlord and tenant or their agents otherwise agree.

	IN CONDITION				OUT CONDITION			
KEYS	Number of keys issued for premises _____		For mailbox _____		Number of keys returned for premises _____		For mailbox _____	
ENTRANCE	OK	Needs Repair	Needs Cleaning	Describe	OK	Needs Repair	Needs Cleaning	Describe
Doors, Closets								
Walls, Trim								
Floorcovering								
Ceiling								
Windows, Screens								
Electrical Fixtures								
Other _____								
KITCHEN	OK	Needs Repair	Needs Cleaning	Describe	OK	Needs Repair	Needs Cleaning	Describe
Walls, Trim								
Floorcovering								
Ceiling								
Countertops, Sinks								
Cupboards, Doors								
Stove/Hood								
Fridge								
Dishwasher								
Windows, Screens								
Electrical Fixtures								
Other _____								
Other _____								
LIVING/ DINING ROOM	OK	Needs Repair	Needs Cleaning	Describe	OK	Needs Repair	Needs Cleaning	Describe
Walls, Trim								
Doors, Closets								
Floorcovering								
Ceiling								
Drapes/Rods								
Windows, Screens								
Electrical Fixtures								
Other _____								
BEDROOM 1	OK	Needs Repair	Needs Cleaning	Describe	OK	Needs Repair	Needs Cleaning	Describe
Walls, Trim								
Closets, Doors								
Floorcovering								
Ceiling								
Drapes/Rods								
Windows, Screens								
Electrical Fixtures								
Other _____								
BEDROOM 2	OK	Needs Repair	Needs Cleaning	Describe	OK	Needs Repair	Needs Cleaning	Describe
Walls, Trim								
Closets, Doors								
Floorcovering								
Ceiling								
Drapes/Rods								
Windows, Screens								
Electrical Fixtures								
Other _____								