Residential Construction Punch List

Project Name

e.g. Smith Residence

Project Address

e.g. 123 Main Street

Date

MM/DD/YYYY

Inspector/Supervisor

Name

Punch List Items

#	Location	Issue / Description	Responsible Party	Completed	Date
1	e.g. Kitchen	e.g. Paint touch-up on wall	e.g. Painter	Yes/No	MM/
2	e.g. Living Room	e.g. Replace broken outlet cover	e.g. Electrician	Yes/No	MM/
3	e.g. Bathroom	e.g. Caulk around tub	e.g. Plumber	Yes/No	MM/
4					
5					

Additional Notes

Enter any extra details or remarks...