

# Residential Construction Quality Inspection Form

Inspector Name

Date

Property Address

Builder/Contractor

Inspection Phase

## Inspection Checklist

Item	Pass	Fail	Comments
Site Preparation/Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Foundation/Footings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Item	Pass	Fail	Comments
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	
Drywall	<input type="checkbox"/>	<input type="checkbox"/>	
Windows & Doors	<input type="checkbox"/>	<input type="checkbox"/>	
Finish Work	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	

### General Comments

Inspector Signature

Date