

Multi-Unit Residential Property Inspection Checklist

Property Address:

Inspection Date:

Inspector Name:

Number of Units:

General Building

Item	Pass	Fail	N/A	Notes
Exterior Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Roof Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Entryways/Stairs/Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Unit Interior (Repeat for Each Unit)

Item	Pass	Fail	N/A	Notes
Doors & Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Floors & Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Walls & Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Plumbing Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Smoke & CO Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Kitchen Appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HVAC/Heating System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Mechanical/Electrical/Utilities

Item	Pass	Fail	N/A	Notes
Main Electrical Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Water Heater/Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Site/Landscaping

Item	Pass	Fail	N/A	Notes
Walkways/Driveways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fencing/Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Signature

Date