

Interior Maintenance Inspection Form

Copies of all notices will be kept in tenant files

Date: _____ Tenant: _____

Property: _____

Filter

Location _____	Size _____	Clean <input type="checkbox"/> Yes <input type="checkbox"/> No
Location _____	Size _____	Clean <input type="checkbox"/> Yes <input type="checkbox"/> No
Location _____	Size _____	Clean <input type="checkbox"/> Yes <input type="checkbox"/> No
Location _____	Size _____	Clean <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: When replacing filter, write date of installation on the filter

Main Water Shutoff

Location _____ Marked w/ yellow tag? Yes No

Paint

Any peeling paint observed? Yes No If yes, location and description _____

Mold

Any mold observed? Yes No If yes, location and description _____

Bugs/Rodents

Did you spray interior perimeter for bugs Yes No
Any evidence of rodents or pests? Yes No If yes, please list _____

Pets

Pets observed _____
If no pets observed, was there any evidence of pets in the unit (pet dishes, toys, litter box, odor, etc)

Cleanliness

<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty	<input type="checkbox"/> Trash not in a plastic can	<input type="checkbox"/> _____
<input type="checkbox"/> Uncluttered	<input type="checkbox"/> Cluttered	<input type="checkbox"/> Pet odors	
<input type="checkbox"/> Carpet stained/soiled	<input type="checkbox"/> Excessive dirty dishes	<input type="checkbox"/> Smoke odor	

Comments _____

Comments

Signature of person doing inspection – please print as well if signature isn't legible

Tenant copy: Highlight issues THEY need to address
Company copy: Highlight ALL issues that need to be addressed.