

Landlord/Tenant Checklist

Move Out Inspection

Unit Address _____ Tenant Name _____ Inspection Date & Time _____

	Condition at Move Out Blank=Acceptable /=Un-Acceptable	=Cleaning Needed	=Work Needed	Maintenance & Cleaning Required	=Tenant Charge	Est. Time Of Repairs	=Work Completed
LIVING/DINNING AREA							
Tile/Carpet/Vinyl							
Window/ Window Sill/Blinds & Screens							
Walls & Ceilings							
Light Fixtures/Bulbs							
Doors/Knobs/Stoppers							
Smoke/CO2 Detector							
Wall Heater/Chill Chaser							
Electrical Outlets/Wiring							
Outlet Covers/Switch Plates							
Water Heater/Closet							
KITCHEN							
Tile/Vinyl							
Window/ Window Sill/Blinds & Screens							
Walls & Ceilings							
Light Fixtures/Bulbs							
Cabinets							
Countertop							
Stove/Oven/Drip Pans							
Refrigerator/Freezer							

	Condition at Move Out Blank=Acceptable /=Un-Acceptable	=Cleaning Needed	=Work Needed	Maintenance & Cleaning Required	=Tenant Charge	Est. Time Of Repairs	=Work Completed
Dishwasher							
Garbage Disposal							
Sink/Faucet/ Plumbing							
Microwave/Filter/Fan/Light							
Outlet Covers/Switch Plates							
Electrical Outlets/Wiring							
BATHROOM							
Tile/Vinyl							
Window/ Window Sill /Blinds & Screens							
Doors/Knobs/Stopper							
Light Fixtures/Bulbs							
Bathtub/Shower/Rod							
Shower Head/Plumbing							
Sink/Counters/Faucet/Vanity & Plumbing							
Toilet/Tank/Tank Parts/Lid/Seat							
Toilet Paper Holder							
Towel Bar							
Walls & Ceilings							
Medicine Cabinet/Mirror							
Outlet Covers/Switch Plates							
Electrical Outlets/Wiring							
BEDROOM 1							
Tile/Carpet/Vinyl							
Window/Window Sill/Blinds & Screens							
Walls & Ceilings							
Light Fixture/Bulbs							

SAMPLE

