HOME INSPECTION CHECKLIST

Property

Inspected by

Prepared for

Date

Condition key: G = Good F = Fair, keep an eye on it P = Poor, needs repair S = Safety concern N/A = Not there

Exterior		
ITEM	CONDITION	NOTES (WHAT YOU SAW, WHAT TO FIX)
Siding or walls		
Paint and trim		
Windows and frames		
Doors and locks		
Gutters and downspouts		
Grading and drainage away from the house		
Driveway and walkways		
Steps and railings		
Deck or patio		
Fences and gates		

Roof		
Shingles or covering		
Flashing		
Chimney		
Vents		
Signs of leaks inside		

Foundation and structure		
Foundation walls		
Cracks		
Signs of water or damp		
Floors level and solid		
Crawl space or basement		

Plumbing		
Water pressure		
Hot water		
Water heater (age and condition)		

Plumbing (continued)		
ITEM	CONDITION	NOTES (WHAT YOU SAW, WHAT TO FIX)
Visible pipes		
Drains		
Leaks under sinks		
Main shut-off valve found		

Electrical		
Main panel		
Breakers labeled		
Outlets work		
GFCI outlets in wet areas		
Light switches and fixtures		
No loose or exposed wires		

Heating and cooling		
Furnace or boiler		
Air conditioning		
Thermostat		
Filters		
Vents and registers		
Last service date		

Kitchen		
Cabinets and drawers		
Countertops		
Sink and faucet		
Stove and oven		
Range hood		
Refrigerator		
Dishwasher		
Disposal		
Floor		

Bathroom 1		
Toilet		
Sink and faucet		
Tub or shower		
Caulk and grout		
Exhaust fan		

Bathroom 1 (continued)		
ITEM	CONDITION	NOTES (WHAT YOU SAW, WHAT TO FIX)
Floor		
Signs of water damage		

Interior rooms		
Walls and ceilings		
Floors		
Windows open and close		
Doors		
Closets		
Stairs and railings		

Attic		
Insulation		
Ventilation		
Signs of leaks		
Signs of pests		

Safety		
Smoke alarms (tested)		
Carbon monoxide alarms (tested)		
Fire extinguisher		
Handrails secure		
Window locks		

Repairs and follow-up

This checklist records what was seen on the date above. It is not a professional home inspection and does not cover what could not be seen.

Signed

Inspected by _____ Date _____ Owner or buyer _____ Date _____