

TENANT ROUTINE INSPECTION REPORT

Please complete ALL details and leave the report on the kitchen table!

Property: _____ Date: _____

Tenant: _____

Home Phone No.: _____ Work Phone No.: _____

Mobile Phone No.: _____

Email Contact: _____

Are you or do you know anyone looking to purchase a property in the future **F48** Yes No

Contact Name: _____ Phone No: _____

Please TICK to indicate if there is maintenance required on the property

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Are there any leaks under the sink? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Are there any leaks under the bathroom wash basins? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Are there any leaks from the shower into cupboards? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Are there any leaks from the washing machine affecting the walls/cupboards? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Are there any leaks from the hot water system? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Are there any leaks behind the toilet? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Are there any leaks from the roof onto the ceiling? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Are there any tears or ripples in the carpet? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Are there any power points that are faulty or not working? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. Are there any lights not working? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. Are there any faults with the stove elements, oven or griller? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12. Are there any doors or windows that are not reasonably secure? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13. Are there any problems with the external guttering or down pipes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14. Are any steps, railings or balconies not secure? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 15. Is there any evidence of dry rot in the wood on the property? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 16. Are any of the fences, retaining walls or gates not secure? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17. Are there any loose or damaged tiles in the property? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 18. Are there any flyscreens missing from the windows? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 19. Do any of the flyscreens have holes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 20. Are there any obstructions on the property that could be dangerous? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If you have answered **YES** to any of the above questions, please list the problem in further detail

This is a guide only. Should you have any maintenance concerns, please advise our office.

Do you have any pets? List the type: _____ (if applicable) Yes No

Has there been a change in tenants occupying the property? Yes No

If YES, detail change: _____

Tenant Signature: _____ Date: / /