FRANCIS JAMESON INVESTMENTS

INSPECTION CHECKLIST

Address of unit: _____

Date completed: _____

Name of person completing checklist: _____

_____ I am satisfied that all issues noted on the Initial Inspection Checklist have been addressed.

_____ All issues on the Initial Inspection Checklist have been addressed except the following (Please specify):

_____

_____

_____

The remainder of this form should be used to note any pre-existing damages to the house/apartment that Tenant does not want to be held responsible for at the end of the
Lease. This is not a "repair request" form. Anything in need of repair should have been
Noted on the Initial Inspection Checklist.

ROOM # 1

Location of room:
Floor: _____ Front/middle/rear: _____
Use of room (check one): Bedroom ____ Bath _____ Kitchen _____
Living area _____ Hallway _____

Except as noted, (1) all window screens are intact; there are no missing/ripped screens; (2) all ceiling light fixtures have covers; (3) all electrical outlets/switches have covers; (4) the carpet is free of stains, marks and damage; and (5) the walls and door are intact, there are no holes in them, and they are painted and free of marks or stains.

_____

_____

_____

_____

ROOM # 2

Location of room:
Floor: _____ Front/middle/rear: _____
Use of room (check one): Bedroom ____ Bath _____ Kitchen _____
Living area _____ Hallway _____

Except as noted, (1) all window screens are intact; there are no missing/ripped screens; (2) all ceiling light fixtures have covers; (3) all electrical outlets/switches have covers; (4) the carpet is free of stains, marks and damage; and (5) the walls and door are intact, there are no holes in them, and they are painted and free of marks or stains.

_____

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_____

ROOM # 3

Location of room:
Floor: _____ Front/middle/rear: _____
Use of room (check one): Bedroom ____ Bath _____ Kitchen _____
Living area _____ Hallway _____

Except as noted, (1) all window screens are intact; there are no missing/ripped screens; (2) all ceiling light fixtures have covers; (3) all electrical outlets/switches have covers; (4) the carpet is free of stains, marks and damage; and (5) the walls and door are intact, there are no holes in them, and they are painted and free of marks or stains.

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ROOM # 4

Location of room:
Floor: _____ Front/middle/rear: _____
Use of room (check one): Bedroom ____ Bath _____ Kitchen _____
Living area _____ Hallway _____

Except as noted, (1) all window screens are intact; there are no missing/ripped screens; (2) all ceiling light fixtures have covers; (3) all electrical outlets/switches have covers; (4) the carpet is free of stains, marks and damage; and (5) the walls and door are intact, there are no holes in them, and they are painted and free of marks or stains.

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ROOM # 5

Location of room:
Floor: _____ Front/middle/rear: _____
Use of room (check one): Bedroom ____ Bath _____ Kitchen _____
Living area _____ Hallway _____

Except as noted, (1) all window screens are intact; there are no missing/ripped screens; (2) all ceiling light fixtures have covers; (3) all electrical outlets/switches have covers; (4) the carpet is free of stains, marks and damage; and (5) the walls and door are intact, there are no holes in them, and they are painted and free of marks or stains.

_____

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_____

ROOM # 6

Location of room:
Floor: _____ Front/middle/rear: _____
Use of room (check one): Bedroom ____ Bath _____ Kitchen _____
Living area _____ Hallway _____

Except as noted, (1) all window screens are intact; there are no missing/ripped screens; (2) all ceiling light fixtures have covers; (3) all electrical outlets/switches have covers; (4) the carpet is free of stains, marks and damage; and (5) the walls and door are intact, there are no holes in them, and they are painted and free of marks or stains.

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_____

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_____

ROOM # 7

Location of room:
Floor: _____ Front/middle/rear: _____
Use of room (check one): Bedroom ____ Bath _____ Kitchen _____
Living area _____ Hallway _____

Except as noted, (1) all window screens are intact; there are no missing/ripped screens; (2) all ceiling light fixtures have covers; (3) all electrical outlets/switches have covers; (4) the carpet is free of stains, marks and damage; and (5) the walls and door are intact, there are no holes in them, and they are painted and free of marks or stains.

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_____

ROOM # 8

Location of room:
Floor: _____ Front/middle/rear: _____
Use of room (check one): Bedroom ____ Bath _____ Kitchen _____
Living area _____ Hallway _____

Except as noted, (1) all window screens are intact; there are no missing/ripped screens; (2) all ceiling light fixtures have covers; (3) all electrical outlets/switches have covers; (4) the carpet is free of stains, marks and damage; and (5) the walls and door are intact, there are no holes in them, and they are painted and free of marks or stains.

_____

_____

_____

_____

KITCHEN
Location of kitchen:
Floor: _____ Front/middle/rear: _____

All cabinets are intact and open/close properly, except as follows:

_____

All drawers are intact and open/close properly, except as follows:

_____

BASEMENT:

The stairs to the basement are intact and functional, except as follows:

_____

There is no trash or debris in the basement, except as follows:

_____

BACKYARD:

There is no trash, debris or furniture in the backyard, except as follows:

_____

FRONT HALLWAY:

The front door is intact and opens/closes properly, except as follows:

_____

OTHER:

No furniture, furnishings or belongings were left in the house by the previous tenants, except as follows:

_____

There are no missing smoke detectors, except as follows:

_____

_____

There are no other issues, problems, or defects, except as follows:

_____

_____

_____

_____

_____

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