

Move In/Move Out Inspection Report

Resident _____ Move In Date _____
 Address _____ Move Out Date _____

KITCHEN	Move In	Move Out
RANGE		
Exterior		
Reflectors		
Controls		
OVEN		
Controls/Timer		
Racks		
Broiler Pan		
Light		
HOOD		
Fan		
Filter		
Light		
DISHWASHER		
Exterior		
Interior		
Flatware Basket		
DISPOSAL		
SINK		
COUNTER/ CABINETS		
Counter Surface		
Cabinet Interior		
Drawers		
Doors		
Hardware		

BATHROOM	# 1		# 2	
	Move In	Move Out	Move In	Move Out
Tub/Shower				
Toilet				
Vanity				
Medicine Cabinet				
Mirror				
Plumbing				
Fixtures				
Exhaust Fan				
Plates/Switches				
Floor				
Walls/Ceiling				
Windows				

IN ALL ROOMS	Location	Move In	Move Out
Walls			
Ceiling			
Floors			
Carpet			
Windows			
Screens			
Drapes/Rods			
Electric Fixtures			
Bulbs			
Plates/Switches			
Closets			
Doors/Tracks			
Patio/Balcony			

UTILITY CLOSET	Move In	Move Out
Water Heater		
Furnace/Filter		
AC/Filter		

Notes: _____

Inspector: Note the condition of each item listed (e.g. missing, repair, paint, clean, etc.) Number those items which require a more thorough explanation and list in the comments box.