

Home Inspection CHECKLIST



DATE: _____

LOCATION: _____

№	WHAT TO CHECK	<input checked="" type="checkbox"/>
1	Curb Appeal, Walkways	<input type="checkbox"/>
2	Landscaping, Driveway	<input type="checkbox"/>
3	Neighborhood Ambience	<input type="checkbox"/>
4	Exterior Features: Roof, Siding, Windows	<input type="checkbox"/>
5	Interior Features: Walls, Ceilings, Floors, Windows	<input type="checkbox"/>
6	Room Size, Flow of the house, Ventilation	<input type="checkbox"/>
7	Kitchen Functionality: Appliances, Storage and Style	<input type="checkbox"/>
8	Bathrooms: Plumbing, Floors	<input type="checkbox"/>
9	Utility Systems: HVAC (Heating, Ventilation and Air Condition)	<input type="checkbox"/>
10	Quality of Fixtures	<input type="checkbox"/>
11	Safety Measures: Does it comply with safety codes and standards?	<input type="checkbox"/>
12	Outdoor Spaces: if available, assess the condition.	<input type="checkbox"/>
13	Documentation to Request: Property Surveys, Inspection Reports, and Disclosures.	<input type="checkbox"/>
14	Ask Questions	<input type="checkbox"/>

Notes:
