



TENANT ROUTINE INSPECTION REPORT

Please complete **ALL** details and leave the report on table or bench top for collection.

Property: _____ Date: _____

Tenant/s: _____

Home phone no: _____ Work phone no: _____

Mobile phone no/s: _____

Email address: _____

Do you wish to renew your tenancy agreement (if app.) Yes No (Subject to lessor approval)

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

If Yes, list details below:

Contact name: _____ Phone no: _____

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

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Are there any leaks under kitchen sink? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Are there any leaks under bathroom wash basins? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Are there any leaks from shower into cupboards? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Are there any leaks from washing machine affecting walls etc? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Are there any leaks or drips from hot water system? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Are there any leaks behind toilets? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. Are there any leaks from the roof onto ceiling? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. Are there any tears or ripples in carpets? | <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 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 fly screens missing from the windows? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 19. Do any of the fly screens have holes? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 20. Are the smoke detectors working? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 21. 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 concerns in further detail.

This is a guide only. Please advise our office should you have any maintenance concerns.

Do you have any pets? – List type _____ Yes No

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

If **YES**, detail change: _____

Tenant signature _____ Date: _____