

PRE-ANNUAL INSPECTION CHECKLIST

Tenant	
Address	

Please use this page to *list, discuss, and correct* issues with your landlord **before** your annual inspection. This page must be delivered to your inspector on the day of your inspection.

Location	Notes	Reported To Owner
Living Room	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dining Room	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kitchen	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathroom	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathroom	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bedroom	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bedroom	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garage	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	_____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Common Failed Items Checklist

Inoperative Smoke detectors	<input type="checkbox"/>	Keyed door knobs in bed/bathrooms	<input type="checkbox"/>	Inoperative stove burners	<input type="checkbox"/>
Inoperative Electrical outlets	<input type="checkbox"/>	Window locks not working/missing	<input type="checkbox"/>	Inoperative wall heaters	<input type="checkbox"/>
Damaged window screens	<input type="checkbox"/>	Exposed exterior electrical wires	<input type="checkbox"/>	Access to garage (If available)	<input type="checkbox"/>
Use of water heaters and central heater closet(s) as storage—Fire hazards	<input type="checkbox"/>	Blockage of fire escape exits	<input type="checkbox"/>		

Signature of Tenant Date Signature of Owner Date

Do not hesitate—report problems to your Landlord right away!