

Annual Inspection Report

Project Name: «community» Tenant Name: «full_name» Phone #: «household_phone» Apt. #: «apt_nbr» Date :

Description			Detail
Living Room	Carpet	<input type="checkbox"/> Replace	
Kitchen/Dining Area	Tile Floor	<input type="checkbox"/> Replace	
	Countertop	<input type="checkbox"/> Replace	
	Refrigerator	<input type="checkbox"/> Replace	
	Stove	<input type="checkbox"/> Replace	
	Range hood	<input type="checkbox"/> Replace	
	Cabinets	<input type="checkbox"/> Replace	
	Light Fixtures	<input type="checkbox"/> Replace	
	Bathroom	Tile Floor	<input type="checkbox"/> Replace
	Caulking	<input type="checkbox"/> Replace	
	Medicine Cabinet	<input type="checkbox"/> Replace	
	Toilet	<input type="checkbox"/> Replace	
	Exhaust Fan	<input type="checkbox"/> Replace	
Bedroom(s)	Carpet	<input type="checkbox"/> Replace	
Miscellaneous	Windows	<input type="checkbox"/> Replace	
	Doors	<input type="checkbox"/> Replace	
	Hardware	<input type="checkbox"/> Replace	
	Paint	<input type="checkbox"/> Replace	
Housekeeping		<input type="checkbox"/> Fail	
P.O. No.	Unless noted above, all components are in acceptable condition and need no attention.		Inspector: _____