

Property Inspection Checklist



Property Details

Property Address _____
 Suburb: _____
 Property type (House, Unit, Duplex, etc) _____
 Sale Type: (Auction / Private Treaty) _____
 Auction Date: _____
 Asking Price: _____

Agent Details

Agent Company: _____
 Agent Name: _____
 Agent Contact Number: _____
 Agent Email: _____

General Property

Gardens: _____
 Building: _____
 Gutters & Downpipes: _____
 Roof Tiling: _____
 Hot Water System: Gas Solar Electric
 Smoke Detectors: Yes No
 Security: Yes No
 Property Orientation: N S W E
 Paintwork: _____

Nearby Amenities

Public Transport Schools
 Child Care Medical Centre
 Shopping Centre Restaurants
 Cinemas Recreation

Bedroom(s)

	1	2	3	4	5+
Built in Wardrobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk in Wardrobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring					
Carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floorboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flyscreens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Coverings	Blinds <input type="checkbox"/>	Curtains <input type="checkbox"/>	None <input type="checkbox"/>		
Lighting	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>		

Bathroom(s)

	Bathroom 1	Bathroom 2
Shower	<input type="checkbox"/>	<input type="checkbox"/>
Bath	<input type="checkbox"/>	<input type="checkbox"/>
Cupboards	<input type="checkbox"/>	<input type="checkbox"/>
Heater	<input type="checkbox"/>	<input type="checkbox"/>
Extraction Fan	<input type="checkbox"/>	<input type="checkbox"/>
Toilet within room	<input type="checkbox"/>	<input type="checkbox"/>

Kitchen

Cooktop Gas Electric
 Cupboard Space _____
 Dishwasher Yes No
 Flooring
 Carpets Floorboards
 Tiles Other
 Oven Gas Electric
 Phone Point Yes No
 No. of Power Points _____
 Rangehood Yes No
 Pantry _____

Living Room

Window Coverings Blinds Curtains None
 Flyscreens Yes No
 Flooring
 Carpets Floorboards
 Tiles Other
 TV Connections Cable Free to Air
 Gas Outlet Yes No
 No. of Power Points _____
 Lighting Poor Average Good

Laundry

Laundry Size Poor Average Good
 Cupboard Space Poor Average Good
 Room for Dryer Yes No
 Tub(s) Plastic S/Steel

External Features

Garage Carport None
 Entertaining Verandah Courtyard Balcony
 Pool Heated In Ground