

FORM 28

TENANT ROUTINE INSPECTION REPORT

Property: _____ Date: _____

Tenant: _____

Home phone no.: _____ Work phone no.: _____

Mobile phone no.: _____

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 (office use: **F48**) 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 the sink? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are there any leaks under the bathroom wash basins? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are there any leaks from the shower into cupboards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are there any leaks from the washing machine affecting the walls / cupboards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are there any leaks from the hot water system? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are there any leaks behind the toilet? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are there any leaks from the roof onto the ceiling? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are there any tears or ripples in the carpet? | <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 the 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 there 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 below.

This is a guide only. Please advise our office should you have any other 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: _____