

Landlord Preventative Maintenance Inspection Checklist

Date:

Name of Tenant(s):

Property Address:

Name of Landlord:

Area of Rental	Condition of Property		
	Damaged	Okay/Needs Work	Great Condition
Living room			
Bathroom			
Kitchen			
Bedrooms			
Hallways/Stairs			
Windows/Doors			
Roof/Siding			
Exterior Walls			
Foundation			
Yard/Outdoor Area			
Sidewalk			
Garage/Parking			
Smoke Alarms / Carbon Monoxide Detectors			
Pests			

Notes: