

# Schedule B

## Home Inspection Checklist

Property Address: \_\_\_\_\_

Date: \_\_\_\_\_

M - missing, S - scratched, D - damaged, B - broken, R - repair/replace, W - Water Damage, L - Leaking, \* - requires date

Exterior	+	-	Date
<b>Visual inspection of:</b>			
entry/doorway			
landscaping			
snow removal			
roof & fascia from ground			
paint, stain & caulking from ground			
windows, door and decks for weather damage			
hot tub and equipment			
driveway, walkway & gate			
trees for firesmart regulation			
exterior /security light			
all doors locked			
mail/packages brought in			
off property mail retrieved			
no sign of vandalism or break in			
turned off outside water *			

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

General	+	-	Date
security system armed			
temperature above 16 degrees			
windows/doors locked			
windows/doors free of condensation			
breaker box inspected			
visual inspection of:			
hot water tank			
laundry - lid open			
ran washing machine *			
smoke detector battery			
fire extinguishers expiry date			
CO battery			
ceiling/walls/floors :			
free of condensation			
mechanical room free of moisture and odour			
temp of crawl space appropriate			
vary lights and blinds if requested			

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Kitchen	+	-	Date
check for moisture under sink			
run faucet			
flush garbage disposal			
inspect appliances			
run dishwasher *			
visual inspection of inside cupboards			
no sign of pest infestation			

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Garage	+	-	Date
open and closed garage door			
window secure and free of moisture			
<b>visual inspection of</b>			
ceiling/walls/floor/storage free of moisture or pests			
no sign of vandalism or break in			
Car - specifics to be discussed if requested			

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Bathrooms	Bathroom 1			Bathroom 2			Bathroom 3		
	+	-	Date	+	-	Date	+	-	Date
check under sink									
run faucet									
flush toilets									
no visual sign of moisture									
run shower *									

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Bedrooms	Bedroom 1			Bedroom 2			Bedroom 3		
	+	-	Date	+	-	Date	+	-	Date
windows :									
locked, intact, free of moisture									
closet free of moisture and pests									
lights functional									

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Annual Maintenance	Completed	Date	Next Scheduled Service
Furnace Service			
Boiler Service			
Chimney Clean			
Gas Fireplace and Fittings			
Cleaning of Gutter			
Note age of hot water tank			

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_