

FINAL WALK THROUGH INSPECTION CHECKLIST

DATE: _____

ADDRESS: _____

Please indicate whether the following items are in working order and that you have adhered to conditions outlined in the sales contract:

ITEM	CONDITION OK	COMMENTS
Exterior		
Doorbell		
Windows		
Lanai/Patio/Deck		
Storm Shutters/Screens		
Doors		
Garage Door Openers		
Walkways/Driveways		
Bathrooms		
Sinks		
Commodes		
Bathtubs>Showers		
Lighting Fixtures		
Laundry Room		
Washer/Dryer		
Lighting fixtures		
Kitchen		
Stove/Cooktop/Oven		
Refrigerator/Freezer		
Exhaust Fan/Light		
Microwave Oven		
Garbage Disposal/Compactor		
Dishwasher		

Kitchen (Continued)		
Hot/Cold Water		
Water Pressure		
Sink Drain		
Safety Systems		
Alarm System		
Smoke/Carbon Monoxide Detectors		
Intercom System		
Other		
Sprinkler System		
Swimming Pool/Spa/Saunas		
Flooring--Carpeting/Tiles		
Electrical Panel		
HVAC System		
Outlets		
Room by Room		
Additional Repairs		

Notes: _____

SIGNATURE OF BUYER: _____

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SIGNATURE OF SELLER/SELLER'S REPRESENTATIVE: _____

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