

Inspection Report

Office Use Only
Inspection Number

Routine Property Inspection Report

Condition of Propert	y as at:	am/pm	Date:	
Landlord	Landlord's Name: Pacific Community Housing			
	Phone:		Email:	
Inspection Agent	Name:			
	Phone:	Mobile:	Email:	
Lease Details	Tenant/s:		Phone:	
	Rent Amount:		Per. week / fortnight / month	
Property	Address:			
	Key No:		Number of Bedrooms:	

General Community Entrance Area

Visually Satisfactory	YES	NO	Comments
Foyer			
Stairs			
Walls / Windows / Doors / Locks			
Hallway/s			
Lights			
Other			

Property Exterior

Visually Satisfactory	YES	NO	Comments
Gardens / Grounds			
Guttering / Downpipes			
Gates / Fences			
Balcony / Porch			
Garage/Carport			
Garbage Area			
Eaves / Facias			
Other			

Property Interior

Visually Satisfactory	YES	NO	Comments
Entrance			
Hallway/s			
Lounge			
Dining			
Kitchen			
Bedroom 1			
Bedroom 2			
Bedroom 3			
Other Room/s			
Bathroom / Toilet			
Laundry			
Walls / Windows / Doors / Locks			
Lights			
Stairs			
Other			

	I Condition
INARAL	I CONdition
Overal	

Visually Satisfactory	Comments
General Comments	
Repairs and Maintenance	
Requested by Tenant	

Additional Notes

Inspection Agent Detail

Agent Name:	
Signature:	Date: