

PROPERTY INSPECTION REPORT

Name of landlord or agent: _____

Landlord's address: _____

Phone numbers: _____

Date security deposit was collected & amount: _____

Name of Tenant(s): _____

Rental property address: _____

Date occupied: _____

Date vacated: _____

| Area | Move-in condition | Move-out condition | Repair Charges |
|----------------------|-------------------|--------------------|----------------|
| KITCHEN | | | |
| Walls | | | |
| Ceiling | | | |
| Floor | | | |
| Refrigerator | | | |
| Microwave | | | |
| Stove / Oven | | | |
| Sink / Plumbing | | | |
| Garbage disposal | | | |
| Fans / exhaust | | | |
| Countertops | | | |
| Cabinets / cupboards | | | |
| Dishwasher | | | |

| Area | Move-in condition | Move-out condition | Repair Charges |
|---------------------------------------|-------------------|--------------------|----------------|
| Lighting / plug-ins | | | |
| Windows / screens | | | |
| Notes / other | | | |
| LIVING ROOM / DINNING ROOM | | | |
| Walls | | | |
| Ceiling | | | |
| Floors / carpets | | | |
| Lighting / fan / plug-ins | | | |
| Mirrors | | | |
| Closets | | | |
| Windows / screens | | | |
| Doors / locks | | | |
| Fireplace | | | |
| Drapes / blinds | | | |
| Notes / other | | | |
| MASTER BEDROOM | | | |
| Walls | | | |
| Ceiling | | | |
| Floors / carpets | | | |
| Lighting / fan / plug-ins | | | |
| Mirrors | | | |
| Closets | | | |
| Windows / screens | | | |
| Drapes / Blinds | | | |
| Doors / locks | | | |

| Area | Move-in condition | Move-out condition | Repair Charges |
|---------------------------|-------------------|--------------------|----------------|
| Notes / other | | | |
| BEDROOM 2 | | | |
| Walls | | | |
| Ceiling | | | |
| Floors / carpets | | | |
| Lighting / fan / plug-ins | | | |
| Mirrors | | | |
| Closets | | | |
| Windows / screens | | | |
| Drapes / Blinds | | | |
| Doors / locks | | | |
| Notes / other | | | |
| BEDROOM 3 | | | |
| Walls | | | |
| Ceiling | | | |
| Floors / carpets | | | |
| Lighting / fan / plug-ins | | | |
| Mirrors | | | |
| Closets | | | |
| Windows / screens | | | |
| Drapes / Blinds | | | |
| Doors / locks | | | |
| Notes / other | | | |
| BEDROOM 4 | | | |

| Area | Move-in condition | Move-out condition | Repair Charges |
|---------------------------|-------------------|--------------------|----------------|
| Walls | | | |
| Ceiling | | | |
| Floors / carpets | | | |
| Lighting / fan / plug-ins | | | |
| Mirrors | | | |
| Closets | | | |
| Windows / screens | | | |
| Drapes / Blinds | | | |
| Doors / locks | | | |
| Notes / other | | | |
| BATHROOM 1 | | | |
| Walls | | | |
| Ceiling | | | |
| Floors / carpets | | | |
| Lighting / fan / plug-ins | | | |
| Mirrors | | | |
| Cabinets | | | |
| Windows / screens | | | |
| Doors / locks | | | |
| Sinks | | | |
| Bathtub / shower | | | |
| Toilet | | | |
| Towel bars / accessories | | | |
| Notes / other | | | |
| BATHROOM 2 | | | |

| Area | Move-in condition | Move-out condition | Repair Charges |
|---------------------------|-------------------|--------------------|----------------|
| Walls | | | |
| Ceiling | | | |
| Floors / carpets | | | |
| Lighting / fan / plug-ins | | | |
| Mirrors | | | |
| Cabinets | | | |
| Windows / screens | | | |
| Doors / locks | | | |
| Sinks | | | |
| Bathtub / shower | | | |
| Toilet | | | |
| Towel bars / accessories | | | |
| Notes / other | | | |
| BATHROOM 3 | | | |
| Walls | | | |
| Ceiling | | | |
| Floors / carpets | | | |
| Lighting / fan / plug-ins | | | |
| Mirrors | | | |
| Cabinets | | | |
| Windows / screens | | | |
| Doors / locks | | | |
| Sinks | | | |
| Bathtub / shower | | | |
| Toilet | | | |
| Towel bars / accessories | | | |

| Area | Move-in condition | Move-out condition | Repair Charges |
|---------------------------------|-------------------|--------------------|----------------|
| Notes / other | | | |
| BATHROOM 4 | | | |
| Walls | | | |
| Ceiling | | | |
| Floors / carpets | | | |
| Lighting / fan / plug-ins | | | |
| Mirrors | | | |
| Cabinets | | | |
| Windows / screens | | | |
| Doors / locks | | | |
| Sinks | | | |
| Bathtub / shower | | | |
| Toilet | | | |
| Towel bars / accessories | | | |
| Notes / other | | | |
| ENTRANCES & HALLWAYS | | | |
| Doors / closets | | | |
| Walls | | | |
| Flooring | | | |
| Ceiling | | | |
| Windows / screens | | | |
| Lights / plug-ins | | | |
| Stairs / stairways | | | |
| OTHER AREAS | | | |

| Area | Move-in condition | Move-out condition | Repair Charges |
|--------------------------|-------------------|--------------------|----------------|
| Basement | | | |
| Furnace / furnace filter | | | |
| Air conditioning | | | |
| Smoke detectors (and #) | | | |
| Storage area(s) | | | |
| Patio / deck / balcony | | | |
| Yard | | | |
| Garage / garage door | | | |
| Parking stalls | | | |
| Fences | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

MOVE-IN STATEMENTS

Inspections should be conducted when the property is vacant unless both the landlord and tenant agree to do the inspections while the property is occupied.

LANDLORD'S STATEMENT:

The inspection of the premises was conducted on _____, by:

_____ (landlord or landlord's agent)

and

_____ (tenant or tenant's agent)

Date

SIGNATURE OF LANDLORD

TENANT'S STATEMENT: (complete the correct statement and remove the others)

I, _____ (name of tenant or tenant's agent), AGREE that this report fairly represents the condition of the premises.

Date

SIGNATURE OF TENANT or TENANT'S AGENT

OR,

I, _____ (name of tenant or tenant's agent), DISAGREE that this report fairly represents the condition of the premises for the following reasons:

Date

SIGNATURE OF TENANT or TENANT'S AGENT

OR,

The tenant or tenant's agent present at the inspection refused to sign the tenant's statement.

Date

SIGNATURE OF LANDLORD

OR,

The inspection of the premises was conducted on _____, by:

_____ (landlord or landlord's agent)
without the tenant or tenant's agent being present.

MOVE-OUT STATEMENTS

Inspections should be conducted when the property is vacant unless both the landlord and tenant agree to do the inspections while the property is occupied.

LANDLORD’S STATEMENT:

The inspection of the premises was conducted on _____, by:

_____ (landlord or landlord’s agent)

and

_____ (tenant or tenant’s agent)

_____ Date

_____ SIGNATURE OF LANDLORD

TENANT’S STATEMENT: (complete the correct statement and remove the others)

I, _____ (name of tenant or tenant’s agent), AGREE that this report fairly represents the condition of the premises.

_____ Date

_____ SIGNATURE OF TENANT or TENANT’S AGENT

OR,

I, _____ (name of tenant or tenant’s agent), DISAGREE that this report fairly represents the condition of the premises for the following reasons:

_____ Date

_____ SIGNATURE OF TENANT or TENANT’S AGENT

OR,

The tenant or tenant’s agent present at the inspection refused to sign the tenant’s statement.

Date

SIGNATURE OF LANDLORD

OR,

The inspection of the premises was conducted on _____, by:

_____ (landlord or landlord's agent)
without the tenant or tenant's agent being present.

Tenant's forwarding Address (address, city, postal code).

NOTES

- Recommendation: take photos or a video and keep the media file with the copy of the inspection report.
- Mandatory for landlords and tenants to complete both the move-in and move-out reports.
- The landlord must keep a copy and provide the tenant with a copy.
- The inspection reports must be completed within one of when the tenant moves-in (before or after), and within one week from when the tenant moves out (before or after).
- Deductions for normal wear and tear are not allowed (see PDF doc linked to below for examples).

Please review further inspection report details and suggestions here:
http://www.servicealberta.ca/pdf/RTA/5INSPECTION_REPORTS_.pdf