

**FORM 28**

# TENANT ROUTINE INSPECTION REPORT

Please complete ALL details and leave the report on the kitchen table or bench top

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

Tenant: \_\_\_\_\_

Home phone no.: \_\_\_\_\_ Work phone no.: \_\_\_\_\_

Mobile phone no.: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you wish to renew your tenancy agreement (if app.)  Yes  No (\*subject to landlord approval)

**Please TICK to indicate if there is maintenance required on the property**

- |  |  |
|--|--|
| 1. Are there any leaks under the sink?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are there any leaks under the bathroom wash basins?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are there any leaks from the shower into cupboards?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are there any leaks from the washing machine affecting the walls/cupboards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are there any leaks from the hot water system?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are there any leaks behind the toilet?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are there any leaks from the roof on to the ceiling?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are there any tears or ripples in the carpet?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are there any power points that are faulty or not working?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are there any lights not working?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are there any faults with the stove elements, oven or griller?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are there any doors or windows that are not reasonably secure?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are there any problems with the external guttering or downpipes?           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Are there any steps, railings or balconies not secure?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Is there any evidence of dry rot in the wood on the property?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Are any of the fences, retaining walls or gates not secure?                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Are there any loose or damaged tiles in the property?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Are there any flyscreens missing from the windows?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Do any of the flyscreens have holes?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Are the smoke detectors working?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Are there any obstructions on the property that could be dangerous?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you have answered **YES** to any of the above questions, please list the concerns in further detail below.

**This is a guide only.** Please advise our office should you have any other maintenance concerns.

\_\_\_\_\_  
 \_\_\_\_\_

Do you have any pets? – List type: \_\_\_\_\_  Yes  No

Has there been a change in tenants occupying the property?  Yes  No

If YES, detail change: \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_