

HOME INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Exterior Inspection

- Yes No — Roof appears in good condition with no visible damage
- Yes No — Gutters and downspouts are intact and properly draining
- Yes No — Siding, paint, and trim show no signs of rot or damage
- Yes No — Driveways and walkways are free of cracks and hazards

Structural Elements

- Yes No — Foundation is free of major cracks or signs of shifting
- Yes No — Walls, ceilings, and floors are level and without warping
- Yes No — Doors and windows open and close properly

Plumbing System

- Yes No — Faucets and toilets operate without leaks
- Yes No — Water pressure is adequate throughout the home
- Yes No — No signs of moisture damage under sinks or around fixtures

Electrical System

- Yes No — All outlets, switches, and lights function properly
- Yes No — Circuit panel is clearly labeled and safely organized
- Yes No — Smoke and carbon monoxide detectors are operational

HVAC System

- Yes No — Heating and cooling systems are responsive
- Yes No — Air filters are clean and recently replaced
- Yes No — Thermostat is functioning correctly

Interior Spaces

- Yes No — Walls and ceilings are free from major damage or stains
- Yes No — Floors are secure with no signs of water damage
- Yes No — Cabinets, doors, and hardware are in working order

Attic and Insulation

- Yes No — Attic is accessible and free from signs of pests
- Yes No — Insulation is adequate and evenly distributed
- Yes No — No visible signs of leaks or structural damage

Basement/Crawl Space

- Yes No — No signs of standing water or excessive moisture
- Yes No — Foundation walls are intact and sealed
- Yes No — Sump pump (if present) is operational

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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