



HOME INSPECTION CHECKLIST

Note: This checklist is for personal use only. It should not be used in place of an official home inspection. This may not be comprehensive. Contact a qualified ASHI certified home inspector for an official inspection.

M - Missing, S - Scratched, D - Damaged, B - Broken, R - Repair/Replace, W - Water Damage, L - Leaking

Exterior

	Good	OK	Bad		Good	OK	Bad
Back Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck, Porch, Patio:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paint and Trim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doorbell:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driveway:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recycling Receptacle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Door:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sidewalks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Siding(brick, stone, cement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Receptacle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Noise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House Number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailbox:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are things loose, cracked, damaged, rotted, or bug-infested?			

Notes: _____

Roof

	Good	OK	Bad		Good	OK	Bad
Chimney:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soffits and Fascia:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gutters and Downspouts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When was it replaced last? Are there encroaching trees?			

Notes: _____

Garage

	Good	OK	Bad		Good	OK	Bad
Ceiling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the garage door opener operating property?			

Notes: _____

Yard

	Good	OK	Bad		Good	OK	Bad
Drainage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fences and Gates:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaining Wall:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pools:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trees, shrubs and lawn dead, dying or bug-infested?

Notes: _____

Fireplace

	Good	OK	Bad		Good	OK	Bad
Blockages:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soot:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tiles:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mantle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any buildup inside? Damage where connected to the roof?			

Notes: _____

Bathrooms

	Good	OK	Bad		Good	OK	Bad
Baseboards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets and Switches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets, Shelves, & Drawers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Towel Hook:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tub and Shower:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI Outlet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirror:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Fixtures secure? Condition of tiles and caulking? Leaks or water pressure issues? Mold? Drawers and cabinets working?

Notes: _____

Bedrooms

	Good	OK	Bad		Good	OK	Bad
Baseboards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets and Switches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Check ceilings for sloping and water damage. Are floors weak in places? Damaged windows or window screens?

Notes for each bedroom: _____

Dining Room

	Good	OK	Bad		Good	OK	Bad
Baseboards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets and Switches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wall damage? Sloping Ceiling? Weak Floors?

Notes: _____

Living Room

	Good	OK	Bad		Good	OK	Bad
Baseboards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets and Switches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Fan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wall damage? Sloping ceiling? Weak floors?

Notes: _____

Kitchen

	Good	OK	Bad		Good	OK	Bad
Baseboards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets and Switches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets and Drawers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oven:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refrigerator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sink:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detectors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stove:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GFCI Outlet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leaking sink or appliances? Cabinet and drawer condition?

Notes: _____

Office/Den

	Good	OK	Bad		Good	OK	Bad
Baseboards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets and Switches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Fan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wall damage? Sloping ceiling? Weak floors?

Notes: _____

Attic

	Good	OK	Bad		Good	OK	Bad
Insulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladder:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leaks, water damage, or mold? Sufficient insulation?			

Notes: _____

Hallways

	Good	OK	Bad		Good	OK	Bad
Baseboards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets and Switches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skylights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closets:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall damage? Sloping ceiling? Weak floors?			

Notes: _____

Basement

	Good	OK	Bad		Good	OK	Bad
Baseboards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump Pump:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer and Dryer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlets and Switches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damp, musty, or moldy? Beam damage? Bugs?			
Stairs:							

Notes: _____

Stairs

	Good	OK	Bad		Good	OK	Bad
Floors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Railing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treads:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lights:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weak stairs? Are railings available and secure?

Notes: _____

Utilities

	Good	OK	Bad		Good	OK	Bad
Air Conditioning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water Heater:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circuit Breakers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Electrical Panel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drainage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Pressure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Are they functioning properly? Are they new or old?

Notes: _____

Other

	Good	OK	Bad		Good	OK	Bad
Asbestos:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood Eating Insects:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are they functioning properly? Are they new or old?			

Notes: _____
