

CITY LIFE - PREMISES INSPECTION SHEET



DATE:

ROOM NUMBER:

TENANT NAME:

TAKE BACK/HAND OVER:

NO.	ITEMS TO BE CHECKED	POOR	GOOD	EXCELLENT	COMMENTS
1.	Check that Door Locks Securely and is in Working Order + A Set Of Keys				
PREMISES NEAT AND TIDY					
2.	• Floors (Carpets/Tiles/Other) - Stains/Crack/Chips				
	• Walls or Feature Walls				
	• Windows - Clean - Fixed - Opens and Closes				
	• Balcony Window - Permanently Sealed				
	• Paintwork				
	• Ceiling Boards				
	• Taps - Installed - Open and Close - No Leakages				
	• Shower - Head/Curtain/Hooks/Drain Cover/Rail				
	• Toilet - Seat Cover/Toilet Roll Holder/Cistern				
	• B.I.C's - Handles/Shelving				
ELECTRICAL					
3.	• All Lights In Working Order				
	• Light Covers/Switches - None Missing/Broken/Faulty				
	• Electrical/Water Meter - Installed, Connected & Working				
	• Room Fan - Installed, Connected & Working				
	• DB Board Switched on & in Working Order				
FIRE EQUIPMENT					
4.	• Fire Blanket in Position and in Order				
	• I hereby confirm that I have been shown ALL fire exits/escapes in the building and I am aware of how to exit the building in case of a fire.	PLEASE SIGN HERE TO ACKNOWLEDGE			
5.	PEST CONTROL/EVIDENCE OF PESTS				
GENERAL					
6.	• Room Keys Returned	YES	NO		
TENANTS BANKING DETAILS					
7.	• Account Holders Name:				
	• Bank Name:				
	• Branch Name:				
	• Branch Code:				
	• Bank Account Number:				
	• Tenants Cell No.:				
DAMAGES TO BE REPAIRED					
				ESTIMATED COST	
CLEANING REQUIREMENTS					
				ESTIMATED COST	

Tenant Name (Print Name)

Signature

Date

Manager (Print Name)

Signature

Date