

FINAL WALK THROUGH

Checklist

FIRST CONFIRM THE FOLLOWING

- | | | |
|--|-----|----|
| <input type="checkbox"/> Are all items you purchased with the house still present? | Yes | No |
| <input type="checkbox"/> Have personal property items been removed in accordance with the terms of the contract? | Yes | No |
| <input type="checkbox"/> Have all agreed upon repairs been made to your satisfaction? | Yes | No |
| <input type="checkbox"/> Have you received the associated warranties/receipts for these repairs? | Yes | No |
| <input type="checkbox"/> Overall, is the home clean? | Yes | No |
| <input type="checkbox"/> Is there damage caused by movers to floors, walls or other areas? | Yes | No |
| <input type="checkbox"/> Is there any visible pet damage to walls or floors? | Yes | No |
| <input type="checkbox"/> Is there any sign of mold or water damage, particularly near windows or appliances? | Yes | No |
| <input type="checkbox"/> Is there any sign of pest infestation, dry rot, spongy floors, crumbling timbers, etc.? | Yes | No |

APPLIANCES

- | | | |
|---|-----|----|
| <input type="checkbox"/> Are the stove and oven both working? | Yes | No |
| <input type="checkbox"/> Is the microwave working? | Yes | No |
| <input type="checkbox"/> Is the dishwasher able to complete a full cycle? | Yes | No |
| <input type="checkbox"/> Is the garbage disposal working? | Yes | No |
| <input type="checkbox"/> If remaining, is the refrigerator working? | Yes | No |
| <input type="checkbox"/> If remaining, are the washer and dryer working? | Yes | No |

PLUMBING

- | | | |
|---|-----|----|
| <input type="checkbox"/> Do the toilets flush properly (do they run or leak)? | Yes | No |
| <input type="checkbox"/> Do the sinks, bathtubs and showers drain properly? | Yes | No |
| <input type="checkbox"/> Is the water pressure sufficient? | Yes | No |
| <input type="checkbox"/> Are there any signs of leaking near faucets? | Yes | No |

Notes: _____



ELECTRICAL

<input type="checkbox"/> Do all the light switches and outlets work?	Yes	No
<input type="checkbox"/> Are any switch plate covers damaged or missing?	Yes	No
<input type="checkbox"/> Is there any exposed wiring?	Yes	No
<input type="checkbox"/> Does the doorbell work?	Yes	No
<input type="checkbox"/> Does the garage door open and close properly?	Yes	No
<input type="checkbox"/> Do the exhaust fans work in the kitchen and bathrooms?	Yes	No
<input type="checkbox"/> Do the ceiling fans work?	Yes	No

WINDOWS AND DOORS

<input type="checkbox"/> Is there condensation or fog in any double-pane windows?	Yes	No
<input type="checkbox"/> Are there any broken windows or missing screens?	Yes	No
<input type="checkbox"/> Do all windows open and close properly?	Yes	No
<input type="checkbox"/> Do all doors open and close properly?	Yes	No
<input type="checkbox"/> Do all locks and latches work properly?	Yes	No

HVAC

<input type="checkbox"/> Does the heating system work properly?	Yes	No
<input type="checkbox"/> Does the air conditioning unit work properly?	Yes	No
<input type="checkbox"/> Does the thermostat work?	Yes	No

BASEMENT/ATTIC/CRAWLSPACE & OUTDOORS

<input type="checkbox"/> Have the spaces been cleared out and emptied?	Yes	No
<input type="checkbox"/> Is there any exposed plumbing?	Yes	No
<input type="checkbox"/> Are there any signs of pests?	Yes	No
<input type="checkbox"/> Is the landscaping as you remember it?	Yes	No
<input type="checkbox"/> Do the sprinklers work?	Yes	No