House Inspection Form

House Information

•	Address:
•	Date of Inspection:
•	Inspector's Name:

Condition Assessment

- Structural Integrity:

 Stable

 Unstable
- Plumbing:

 Functional

 Needs Repair
- Electrical Systems: □ Up to Code □ Not Up to Code

Detailed Room-by-Room Review Table

Room	Condition	Issues Found	Suggested Actions

Insp	ector's Final Report	 	
•	General Comments:	 	
•	Urgent Issues:	 	
Sign	ature		
•	Inspector's Signature: _	 	
•	Date:		