
Inspection Form PDF

Property or Item Details

- Description of Item/Property: _____
- Location: _____
- Date of Inspection: _____
- Inspector Name: _____

Checklist

- Condition of Item/Property: Excellent Good Fair Poor
- Completeness: Complete Incomplete
- Compliance with Standards: Yes No

Detailed Observations

- Observation 1: _____
- Observation 2: _____
- Observation 3: _____

Inspector's Final Remarks

- Summary: _____
- Recommendations: _____

Signature

- Inspector's Signature: _____

- **Date:** _____