

**HOUSING OFFICE  
MAKE-READY CHECKLIST  
FEBRUARY 2005 UPDATED**

UNIT ADDRESS: \_\_\_\_\_  
 OCCUPANT NAME: \_\_\_\_\_  
 DATE OF OCCUPANCY: \_\_\_\_\_  
 INSPECTION DATE: \_\_\_\_\_

SPECIAL INSTRUCTION:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OK	NOT OK	CONDITION	REMARKS	FINAL INSPECTION DATE
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**GROUNDS:**

1. Landscape Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Lawn trim & clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Pool Fence	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Pool clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. Garage/Carport clean	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. Gate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Door Bell (working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Perimeter/security lights (working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTE/REMARKS: (Work Needed)

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**FOYER/PATIO:**

1. Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Light fixture (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Ceiling fan (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Walls	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Floors	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTE/REMARKS: (Work Needed)

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**ENTRANCE:**

- |                                     |                          |                          |       |       |       |
|-------------------------------------|--------------------------|--------------------------|-------|-------|-------|
| 1. Ceiling                          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lights (working)                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Light fixture (clean)            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 2. Walls                            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Switches plate (clean & working) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Outlets (mark, clean & working)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 3. Floors                           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 4. Door locks (replace)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

NOTE/REMARKS: (Work Needed)

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**LIVING ROOM:**

- |   |                          |                          |       |       |       |
|---|--------------------------|--------------------------|-------|-------|-------|
| 1. Ceiling                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lights (working)                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Light fixture (clean)                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Ceiling fan (clean & working)        | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 2. Walls                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Switches plate (clean & working)     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Outlets (mark, clean & working)      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 3. Windows                              |                          |                          |       |       |       |
| a) Glass                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Screen                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Grills                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| d) Curtains/Drapes                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| e) Blinds                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 4. Door & doorjamb (clean)              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Screen door                          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Sliding glass doors                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Sliding screen                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| d) Grills                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 5. Floors                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 6. AC's (clean & working)               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 7. Telephone (mark & working)           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Embassy telephone directory          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 8. Furniture condition (set-up & clean) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lamps (plug & check)                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Carpets (clean)                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Sofa's, loveseat & chairs            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

NOTE/REMARKS: (Work Needed)

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**DINING ROOM:**

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|--------------------------|--------------------------|--------------------------|-------|-------|-------|
| 1. Ceiling               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lights (working)      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Light fixture (clean) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

c) Ceiling fan (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Walls	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Windows				
a) Glass	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Screen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d) Curtains/Drapes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e) Blinds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. Swing door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Sliding glass doors	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Sliding screen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. Floors	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. AC's (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. Furniture condition (set-up & clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTE/REMARKS: (Work Needed)

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**KITCHEN:**

1. Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Light fixture (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Ceiling fan (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. Walls	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Cupboards / cabinets	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d) Shelves	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. Condition of sink	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Fixtures of sink	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Hot water (check & tested)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Glass	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
b) Screen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
d) Curtains/Drapes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
e) Blinds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Screen door	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
a) Range hood	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. Floors	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8. Refrigerator (plug, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9. Freezer (plug, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10. Range, gas elect. (hook-up & clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11. Microwave oven (plug, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12. Pantry	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**NOTE/REMARKS: (Work Needed)**

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**LAUNDRY:**

1. Ceiling	<input type="checkbox"/>	<input type="checkbox"/>			
a) Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Light fixture (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
c) Ceiling fan (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
2. Walls	<input type="checkbox"/>	<input type="checkbox"/>			
a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
3. Windows					
a) Glass	<input type="checkbox"/>	<input type="checkbox"/>			
b) Screen	<input type="checkbox"/>	<input type="checkbox"/>			
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>			
d) Blinds	<input type="checkbox"/>	<input type="checkbox"/>			
4. Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
a) Screen door	<input type="checkbox"/>	<input type="checkbox"/>			
5. Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>			
6. Condition of sink	<input type="checkbox"/>	<input type="checkbox"/>			
7. Dryer (installed, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
8. Washer (installed, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
9. Water heater (installed & working)	<input type="checkbox"/>	<input type="checkbox"/>			
10. Floors	<input type="checkbox"/>	<input type="checkbox"/>			

**NOTE/REMARKS: (Work Needed)**

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**POWDER/BATH ROOM:**

1. Ceiling	<input type="checkbox"/>	<input type="checkbox"/>			
a) Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Light fixture (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
2. Walls	<input type="checkbox"/>	<input type="checkbox"/>			
a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
3. Windows	<input type="checkbox"/>	<input type="checkbox"/>			
a) Glass	<input type="checkbox"/>	<input type="checkbox"/>			
b) Screen	<input type="checkbox"/>	<input type="checkbox"/>			
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>			
d) Blinds	<input type="checkbox"/>	<input type="checkbox"/>			
5. Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
6. Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>			
7. Shower enclosure	<input type="checkbox"/>	<input type="checkbox"/>			
a) Shower fixture	<input type="checkbox"/>	<input type="checkbox"/>			
8. Wash basin	<input type="checkbox"/>	<input type="checkbox"/>			
a) Wash basin fixture	<input type="checkbox"/>	<input type="checkbox"/>			
9. Water closet	<input type="checkbox"/>	<input type="checkbox"/>			

- |                                |                          |                          |       |       |       |
|--------------------------------|--------------------------|--------------------------|-------|-------|-------|
| 10. Hot water (check & tested) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 11. Soap dish                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 12. Medicine cabinet           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 13. Cabinets                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 14. Mirror                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 15. Floors                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

NOTE/REMARKS: (Work Needed)

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**MASTER BEDROOM:**

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|---|--------------------------|--------------------------|-------|-------|-------|
| 1. Ceiling                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lights (working)                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Light fixture (clean)                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Ceiling fan (clean & working)        | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 2. Walls                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Switches plate (clean & working)     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Outlets (mark, clean & working)      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 3. Windows                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Glass                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Screen                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Grills                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| d) Curtains/Drapes                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| e) Blinds                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 4. Door & doorjamb (clean)              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Screen door                          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Sliding glass doors                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Sliding screen                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| d) Grills                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 5. Floors                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 6. AC's (clean & working)               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 7. Telephone line (working)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 8. Furniture condition (set-up & clean) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lamps (plug & check)                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Carpets (clean)                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Air purifier (plug & check)          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 9. Built in closet                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 10. Walk-in closet/dressing room        | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

NOTE/REMARKS: (Work Needed)

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**MASTER BATH ROOM:**

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|--------------------------|--------------------------|--------------------------|-------|-------|-------|
| 1. Ceiling               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lights (working)      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Light fixture (clean) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 2. Walls                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
3. Windows	<input type="checkbox"/>	<input type="checkbox"/>			
a) Glass	<input type="checkbox"/>	<input type="checkbox"/>			
b) Screen	<input type="checkbox"/>	<input type="checkbox"/>			
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>			
d) Blinds	<input type="checkbox"/>	<input type="checkbox"/>			
5. Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
6. Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>			
7. Shower enclosure	<input type="checkbox"/>	<input type="checkbox"/>			
a) Shower fixture	<input type="checkbox"/>	<input type="checkbox"/>			
8. Bath tub	<input type="checkbox"/>	<input type="checkbox"/>			
9. Wash basin	<input type="checkbox"/>	<input type="checkbox"/>			
a) Wash basin fixture	<input type="checkbox"/>	<input type="checkbox"/>			
10. Water closet	<input type="checkbox"/>	<input type="checkbox"/>			
11. Hot water (check & tested)	<input type="checkbox"/>	<input type="checkbox"/>			
12. Soap dish	<input type="checkbox"/>	<input type="checkbox"/>			
13. Medicine cabinet	<input type="checkbox"/>	<input type="checkbox"/>			
14. Cabinets	<input type="checkbox"/>	<input type="checkbox"/>			
15. Mirror	<input type="checkbox"/>	<input type="checkbox"/>			
16. Floors	<input type="checkbox"/>	<input type="checkbox"/>			

NOTE/REMARKS: (Work Needed)

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**OTHER BEDROOM:** (BEDROOM NUMBER \_\_\_\_\_ )

1. Ceiling	<input type="checkbox"/>	<input type="checkbox"/>			
a) Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Light fixture (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
c) Ceiling fan (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
2. Walls	<input type="checkbox"/>	<input type="checkbox"/>			
a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
3. Windows	<input type="checkbox"/>	<input type="checkbox"/>			
a) Glass	<input type="checkbox"/>	<input type="checkbox"/>			
b) Screen	<input type="checkbox"/>	<input type="checkbox"/>			
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>			
d) Curtains/Drapes	<input type="checkbox"/>	<input type="checkbox"/>			
e) Blinds	<input type="checkbox"/>	<input type="checkbox"/>			
4. Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
5. Floors	<input type="checkbox"/>	<input type="checkbox"/>			
6. AC's (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
7. Furniture condition (set-up & clean)	<input type="checkbox"/>	<input type="checkbox"/>			
a) Lamps (plug & check)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Carpets (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
c) Air purifier (plug & check)	<input type="checkbox"/>	<input type="checkbox"/>			
8. Built in closet	<input type="checkbox"/>	<input type="checkbox"/>			
9. Walk-in closet/dressing room	<input type="checkbox"/>	<input type="checkbox"/>			

NOTE/REMARKS: (Work Needed)

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**OTHER BEDROOM:** (BEDROOM NUMBER \_\_\_\_\_ )

1. Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a) Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b) Light fixture (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
c) Ceiling fan (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
2. Walls	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
3. Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a) Glass	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b) Screen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
d) Curtains/Drapes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
e) Blinds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
4. Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
5. Floors	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
6. AC's (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7. Furniture condition (set-up & clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a) Lamps (plug & check)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b) Carpets (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
c) Air purifier (plug & check)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
8. Built in closet	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
9. Walk-in closet/dressing room	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

NOTE/REMARKS: (Work Needed)

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**OTHER BEDROOM:** (BEDROOM NUMBER \_\_\_\_\_ )

1. Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a) Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b) Light fixture (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
c) Ceiling fan (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
2. Walls	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
3. Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a) Glass	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b) Screen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
d) Curtains/Drapes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
e) Blinds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
4. Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
5. Floors	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
6. AC's (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

- |   |                          |                          |       |       |       |
|---|--------------------------|--------------------------|-------|-------|-------|
| 7. Furniture condition (set-up & clean) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lamps (plug & check)                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Carpets (clean)                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Air purifier (plug & check)          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 8. Built in closet                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 9. Walk-in closet/dressing room         | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

NOTE/REMARKS: (Work Needed)

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**OTHER BEDROOM:** (BEDROOM NUMBER \_\_\_\_\_)

- |   |                          |                          |       |       |       |
|---|--------------------------|--------------------------|-------|-------|-------|
| 1. Ceiling                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lights (working)                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Light fixture (clean)                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Ceiling fan (clean & working)        | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 2. Walls                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Switches plate (clean & working)     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Outlets (mark, clean & working)      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 3. Windows                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Glass                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Screen                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Grills                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| d) Curtains/Drapes                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| e) Blinds                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 4. Door & doorjamb (clean)              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 5. Floors                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 6. AC's (clean & working)               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 7. Furniture condition (set-up & clean) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lamps (plug & check)                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Carpets (clean)                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Air purifier (plug & check)          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 8. Built in closet                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 9. Walk-in closet/dressing room         | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

NOTE/REMARKS: (Work Needed)

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**BATH ROOM: (Other than Master)** Bath room Number \_\_\_\_\_

- |                                     |                          |                          |       |       |       |
|-------------------------------------|--------------------------|--------------------------|-------|-------|-------|
| 1. Ceiling                          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lights (working)                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Light fixture (clean)            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 2. Walls                            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Switches plate (clean & working) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Outlets (mark, clean & working)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 3. Windows                          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Glass                            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Screen                           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Grills                           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| d) Blinds                           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

5.	Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
6.	Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7.	Shower enclosure	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a)	Shower fixture	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
8.	Wash basin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a)	Wash basin fixture	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
9.	Water closet	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
10.	Hot water (check & tested)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
11.	Soap dish	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
12.	Medicine cabinet	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
13.	Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
14.	Mirror	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
15.	Floors	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

NOTE/REMARKS: (Work Needed)

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**BATH ROOM:** (Other than Master)

Bath room Number \_\_\_\_\_

1.	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a)	Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b)	Light fixture (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
2.	Walls	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a)	Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b)	Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
3.	Windows	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a)	Glass	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
b)	Screen	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
c)	Grills	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
d)	Blinds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
5.	Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
6.	Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
7.	Shower enclosure	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a)	Shower fixture	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
8.	Wash basin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
a)	Wash basin fixture	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
9.	Water closet	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
10.	Hot water (check & tested)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
11.	Soap dish	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
12.	Medicine cabinet	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
13.	Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
14.	Mirror	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
15.	Floors	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

NOTE/REMARKS: (Work Needed)

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**BATH ROOM:** (Other than Master)

Bath room Number \_\_\_\_\_

1.	Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
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a) Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Light fixture (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
2. Walls	<input type="checkbox"/>	<input type="checkbox"/>			
a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
3. Windows	<input type="checkbox"/>	<input type="checkbox"/>			
a) Glass	<input type="checkbox"/>	<input type="checkbox"/>			
b) Screen	<input type="checkbox"/>	<input type="checkbox"/>			
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>			
d) Blinds	<input type="checkbox"/>	<input type="checkbox"/>			
5. Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
6. Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>			
7. Shower enclosure	<input type="checkbox"/>	<input type="checkbox"/>			
a) Shower fixture	<input type="checkbox"/>	<input type="checkbox"/>			
8. Wash basin	<input type="checkbox"/>	<input type="checkbox"/>			
a) Wash basin fixture	<input type="checkbox"/>	<input type="checkbox"/>			
9. Water closet	<input type="checkbox"/>	<input type="checkbox"/>			
10. Hot water (check & tested)	<input type="checkbox"/>	<input type="checkbox"/>			
11. Soap dish	<input type="checkbox"/>	<input type="checkbox"/>			
12. Medicine cabinet	<input type="checkbox"/>	<input type="checkbox"/>			
13. Cabinets	<input type="checkbox"/>	<input type="checkbox"/>			
14. Mirror	<input type="checkbox"/>	<input type="checkbox"/>			
15. Floors	<input type="checkbox"/>	<input type="checkbox"/>			

**NOTE/REMARKS:** (Work Needed)

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**BATH ROOM:** (Other than Master)

Bath room Number \_\_\_\_\_

1. Ceiling	<input type="checkbox"/>	<input type="checkbox"/>			
a) Lights (working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Light fixture (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
2. Walls	<input type="checkbox"/>	<input type="checkbox"/>			
a) Switches plate (clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
b) Outlets (mark, clean & working)	<input type="checkbox"/>	<input type="checkbox"/>			
3. Windows	<input type="checkbox"/>	<input type="checkbox"/>			
a) Glass	<input type="checkbox"/>	<input type="checkbox"/>			
b) Screen	<input type="checkbox"/>	<input type="checkbox"/>			
c) Grills	<input type="checkbox"/>	<input type="checkbox"/>			
d) Blinds	<input type="checkbox"/>	<input type="checkbox"/>			
5. Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
6. Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>			
7. Shower enclosure	<input type="checkbox"/>	<input type="checkbox"/>			
a) Shower fixture	<input type="checkbox"/>	<input type="checkbox"/>			
8. Wash basin	<input type="checkbox"/>	<input type="checkbox"/>			
a) Wash basin fixture	<input type="checkbox"/>	<input type="checkbox"/>			
9. Water closet	<input type="checkbox"/>	<input type="checkbox"/>			
10. Hot water (check & tested)	<input type="checkbox"/>	<input type="checkbox"/>			
11. Soap dish	<input type="checkbox"/>	<input type="checkbox"/>			
12. Medicine cabinet	<input type="checkbox"/>	<input type="checkbox"/>			
13. Cabinets	<input type="checkbox"/>	<input type="checkbox"/>			

- |            |                          |                          |       |       |       |
|------------|--------------------------|--------------------------|-------|-------|-------|
| 14. Mirror | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 15. Floors | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

NOTE/REMARKS: (Work Needed)

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**DEN/FAMILY ROOM:**

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|---|--------------------------|--------------------------|-------|-------|-------|
| 1. Ceiling                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lights (working)                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Light fixture (clean)                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Ceiling fan (clean & working)        | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 2. Walls                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Switches plate (clean & working)     | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Outlets (mark, clean & working)      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 3. Windows                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Glass                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Screen                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Grills                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| d) Curtains/Drapes                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| e) Blinds                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 4. Door & doorjamb (clean)              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Screen door                          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Sliding glass doors                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Sliding screen                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| d) Grills                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 5. Floors                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 6. AC's (clean & working)               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 7. Telephone (mark & working)           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Embassy telephone directory          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 8. Furniture condition (set-up & clean) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lamps (plug & check)                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Carpets (clean)                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Sofa's, loveseat & chairs            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

NOTE/REMARKS: (Work Needed)

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**DEN'S BATH ROM:**

- |                                     |                          |                          |       |       |       |
|-------------------------------------|--------------------------|--------------------------|-------|-------|-------|
| 1. Ceiling                          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Lights (working)                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Light fixture (clean)            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 2. Walls                            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Switches plate (clean & working) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Outlets (mark, clean & working)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| 3. - Windows                        | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| a) Glass                            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| b) Screen                           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| c) Grills                           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

d) Blinds	<input type="checkbox"/>	<input type="checkbox"/>			
5. Door & doorjamb (clean)	<input type="checkbox"/>	<input type="checkbox"/>			
6. Exhaust fan	<input type="checkbox"/>	<input type="checkbox"/>			
7. Shower enclosure	<input type="checkbox"/>	<input type="checkbox"/>			
a) Shower fixture	<input type="checkbox"/>	<input type="checkbox"/>			
8. Wash basin	<input type="checkbox"/>	<input type="checkbox"/>			
a) Wash basin fixture	<input type="checkbox"/>	<input type="checkbox"/>			
9. Water closet	<input type="checkbox"/>	<input type="checkbox"/>			
10. Hot water (check & tested)	<input type="checkbox"/>	<input type="checkbox"/>			
11. Soap dish	<input type="checkbox"/>	<input type="checkbox"/>			
12. Medicine cabinet	<input type="checkbox"/>	<input type="checkbox"/>			
13. Cabinets	<input type="checkbox"/>	<input type="checkbox"/>			
14. Mirror	<input type="checkbox"/>	<input type="checkbox"/>			
15. Floors	<input type="checkbox"/>	<input type="checkbox"/>			

NOTE/REMARKS: (Work Needed)

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**OTHERS:**

1. Stairs	<input type="checkbox"/>	<input type="checkbox"/>			
2. Hallways	<input type="checkbox"/>	<input type="checkbox"/>			
3. Lanai	<input type="checkbox"/>	<input type="checkbox"/>			
4. Maid's Room	<input type="checkbox"/>	<input type="checkbox"/>			
5. Driver's quarter	<input type="checkbox"/>	<input type="checkbox"/>			
6. Replacement of locks	<input type="checkbox"/>	<input type="checkbox"/>			
7. Installation of alarms	<input type="checkbox"/>	<input type="checkbox"/>			

NOTE/REMARKS: (Work Needed)

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 CHECK & INSPECTED BY:

\_\_\_\_\_  
 APPROVED BY: / DATE  
 (FINAL INSPECTION)

\_\_\_\_\_  
 SIGN/DATE RECTIFIED

COMMENTS/REMARKS: