

Pemco Property Inspection Report

<input type="checkbox"/>	Routine Inspector
<input type="checkbox"/>	QC Inspector

Property Street Address: _____ Occupied: Yes No

City: _____ Case Number: _____

#	EXTERIOR ITEMS TO INSPECT	N	Y	#	INTERIOR ITEMS TO INSPECT	N	Y
1	FOR SALE & NOTICE signs: Posted / Replaced?			21	SIGN IN Sheet: Present / Replaced		
2	Does yard need to be cut?			22	Signature missing for any routine inspection?		
3	Do shrubs need trimming?			23	Do toilets need to be taped / cleaned?		
4	Do trees limbs need to be cut back from roof?			24	Evidence of recent or active water damage?		
5	Should Pool / Spa be covered / drained?			25	Source: slab / pipes / roof /		
6	Does Pool / Spa Area need securing?			26	Is Electricity/ Gas/ Water on?		
7	Does roof need preservation or protection?			27	Are gas caps / wire nuts missing?		
8	Debris present?			28	Are pest control services needed?		
9	Vandalism present?			29	Debris present?		
10	Graffiti present?			30	Vandalism present?		
11	Hazardous conditions / materials exist?			31	Graffiti present?		
12	Change in structural integrity requires action?			32	Hazardous conditions / materials exist?		
13	Do any windows need securing?			33	Change in structural integrity requires action?		
14	Doors / garage doors need securing?			34	Cracked or broken windows?		
15	Do any outbuildings need securing?			35	Safety issues?		
16	Abandoned vehicle at property?			WINTER ONLY (10/01-3/31)			
17	License # abandoned vehicle & Photo			36	Does property need to be re / winterized?		
18	Lockbox missing?			37	Does Pool / Spa need to be re / winterized?		
19	Entry lock / padlock missing / malfunctioning?			38	Are winterization signs / labels missing?		
20	Cracked or broken windows?			39	Sidewalks / entries need snow / ice removed?		

Mark each item using the appropriate code from below: List "other" Here: _____

P = present / D = present but "defective" / M = originally installed, but now is "missing" / NI = never installed

A/C Unit Heating Unit Water Heater Gg Door Opnr Oven Dishwasher
 Disposal Refrigerator Cooktop Cook Vent/Fan Range Microwave

Complete all information below for each item marked above with a check in the "Y" column:

Item #	Size/Qty	Describe Problem	Action Needed to Correct Problem	Location of Problem

Comments: _____

Inspector's Signature: _____ Date: _____