

Move-In Inspection Form

Move-in Date:	Landlord Name:
Inspection Date:	Tenant Name:
Address:	Tenant Name:

Are the following elements in good working order?

Element	Working? Yes/No	Element	Working? Yes/No
Heating	Yes/No	Light Fixtures	Yes/No
Air Conditioning	Yes/No	Stove	Yes/No
Doors & Locks	Yes/No	Oven	Yes/No
Windows, Screens & Locks	Yes/No	Fridge & Freezer	Yes/No
Sinks & Showers	Yes/No	Range Hood	Yes/No
Toilets	Yes/No	Dishwasher	Yes/No

Are the following safety items in place and working?

Safety Item	Working? Yes/No
Smoke Alarms	Yes/No
Carbon Monoxide Detectors	Yes/No
Fire Extinguisher	Yes/No

If there are existing damages or other items needing replacement or repairs, list them in the chart below. Review floors, walls, counters, cabinets, closets, decks, railings, and driveway.

Item in Need of Repair	Location	Notes

Tenant Signature _____ Date _____

Landlord Signature _____ Date _____

Normal wear & tear is expected during a tenancy. As per the Residential Tenancies Act, the Landlord is responsible for all maintenance & repairs. Tenants are responsible for wilful or negligent damage.