

Virtual Inspection



Building Information		
Property Address:		
Type of Building: High Rise <input type="checkbox"/> Low Rise <input type="checkbox"/>	Age of Building:	Unit Square ft:

Unit Information
Type of Plumbing: PEX <input type="checkbox"/> Copper <input type="checkbox"/> Poly-B <input type="checkbox"/> Unsure <input type="checkbox"/>
Type of Heating: Elec. Baseboard <input type="checkbox"/> Hydro. Baseboard <input type="checkbox"/> Heat Pump <input type="checkbox"/> Fan Coil <input type="checkbox"/> Unsure <input type="checkbox"/>

Pictures to be Taken	
Every rooms in the whole unit <input type="checkbox"/>	Picture under the Sinks <input type="checkbox"/>
Picture of the Panel Breaker & Legend <input type="checkbox"/>	Picture of Water Heater Serial # <input type="checkbox"/>
Picture of On or Off Fireplace <input type="checkbox"/>	Picture of Water Heater Label if Applicable <input type="checkbox"/>

Overall Feel - 1 to 3 where 3 is the best		
Smell Overall:	Appliances Overall:	Ceiling Overall:
Floor Overall:	Fixtures Overall:	Walls Overall:
Cabinets Overall:	Fan Suction Overall:	Cleanliness Overall:

Issues and Concerns
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